

FILED

03 APR 22 AM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

90087172

2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N03000002242			
1. Entity Name GRUPPMAN INTERNATIONAL VIOLIN INSTITUTE, INC.			
Principal Place of Business 3500 GALT OCEAN DR, STE 409 FT LAUDERDALE, FL 33308		Mailing Address PO BOX 480153 FT LAUDERDALE, FL 33308	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 81-0593669		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HARE, ELIZABETH 18 ISLE OF VENICE 3G FT LAUDERDALE, FL 33301		(typo) Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (Signature, typed or printed name of registered agent and also if applicable, (NONE: Registered Agent signature required when replacing)			
9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD GRUPPMAN, IGOR 3500 GALT OCEAN DR, STE 409 FT LAUDERDALE, FL 33308	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VD GRUPPMAN, VESNA 3500 GALT OCEAN DR, STE 409 FT LAUDERDALE, FL 33308	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	STD HAYWARD, BRENDA 1437 FRENCH CT OCEANSIDE, CA 92064	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information (incorporated in this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other the empowered.			
SIGNATURE: IGOR GRUPPMAN		4-9-03 954-565-2647	

000007 (10/02)