

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N08870

1. Entity Name

ALLIANCE FOR MEDIA ARTS, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90180 018 ****61.25

Principal Place of Business

927 LINCOLN ROAD
#119
MIAMI BEACH FL 33139
US

Mailing Address

927 LINCOLN ROAD
#119
MIAMI BEACH FL 33139-2608
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2631139

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BUTCHER, JOANNE

~~600 NE 36TH ST~~ 3301 NE 5TH Avenue #106
~~STE 1104~~
MIAMI FL 33137

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DT** ☐ Delete
NAME **GRIFO, JERRY**
STREET ADDRESS **686 NE 74TH STREET**
CITY-ST-ZIP **MIAMI FL 33138**

TITLE **DT** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **STEPHENS, JAY**
STREET ADDRESS **1670 LINCOLN CT #7E**
CITY-ST-ZIP **MIAMI FL 33139**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DC** ☐ Delete
NAME **HILLIARD, RANDALL**
STREET ADDRESS **1600 NE 36TH ST #1104** #304
CITY-ST-ZIP **MIAMI BEACH FL 33137**

TITLE **DC** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **BUTCHER-ZBORN, JOANNE**
STREET ADDRESS **457 NE 24TH ST #4**
CITY-ST-ZIP **MIAMI FL 33157**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☒ Delete
NAME **LUFT, MARY**
STREET ADDRESS **842 NW 9TH CT**
CITY-ST-ZIP **MIAMI FL 33136**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **CUPP, SALLY**
STREET ADDRESS **11855 NE 19TH DRIVE #23**
CITY-ST-ZIP **NORHT MIAMI FL 33140**

TITLE **D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on 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 617, 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 like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

4/20/2000 305-469-9069