2001 UNIFORM BUSINESS REPORT (UBR)

Jun 19, 2001 8:00 am DOCÜMENT # N14767 Secretary of State 05-16-2001 90214 009 ****70.00 GUILD FOR INTERNATIONAL PIANO COMPETITIONS, INCO Principal Place of Business Mailing Address 3639 PASEO NAVARRA PO BOX 6845 WEST PALM BEACH FL 33405 WEST PALM BEACH FL 33405 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2670372 Not Applicable Zip Country Zσ Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Rogistered Agent Street Address (P.O. Box Number is Not Acceptable) FINLEY, CHANDLER 1645 PALM BEACH LAKES #300 WEST PALM BEACH FL 33401 City 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 Fiorlda. SIGNATURE. (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS Resident-Socretary D TITLE ☐ Delete TITLE NAME NAME BRYAN, JOHN Da Vajay, Adelbert STREET ADDRESS STREET ADDRESS 3639 PASSEO NAVARRA 3100 Springdok E216 Palm Springs, FL 3376) CITY-ST-7P CUTY-ST-78P W PALM BCH FL ☐ Change Delete Vice President - Treasurer D TITLE TITLE NAME ARCENTALES, EDUARDO NAME MANDOLFO, TELY STREET ADDRESS STREET ADDRESS 944 ortesa 209 AVILA RD CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33405 Delete TITLE ☐ Addition TITLE □ Change DANIELS, ALVA G NAME STREET ADDRESS STREET ADDRESS 44 COCOANUT ROW CITY-ST-ZIP CITY-ST-ZIP PALM BEACH FL 33480-1658 TITLE Delete TITLE ☐ Change ☐ Addition NAME NICHOLS, MARION NAME STREET ADDRESS STREET ADDRESS 4090 GEM LAKE DRIVE CITY-ST-ZIP CJTY-ST-ZIP GLEN RIDGE FL 33406-3254 Delete **I**m.E TITLE SD ☐ Change ☐ Addition NAME TRAVIS, MERCEDES NAME STREET ADDRESS STREET ADDRESS 219 CHILEAN AVE #B CITY-ST-ZIP CITY-ST-ZIP PALM BEACH FL 33480 TITLE Delete TITLE Change ☐ Addition NAME ISAACSON, MARSHALL OWEN NAME STREET ADDRESS 20755 EAGLE CREEK COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33498**

FILED

12. I hereby certify that the information supplied with this fiting 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 eath; 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OF DIRECTOR

SIGNATURE: