

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N19077  
1. Entity Name  
COMMUNITY THEATRE OF HIALEAH/MIAMI LAKES, INC.

Principal Place of Business % JIM CHURCHILL 16647 SW 6TH STREET PEMBROKE PINES FL 33027 US	Mailing Address % JIM CHURCHILL 16647 SW 6TH STREET PEMBROKE PINES FL 33027 US
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43826



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business c/o Patty Fernandez	3. Mailing Address c/o Patty Fernandez
Suite, Apt. #, etc. 6381 CowPen Rd. #101 Apt.	Suite, Apt. #, etc. 6381 CowPen Rd. 101 Apt.

City & State Miami Lakes, FL	City & State Miami Lakes, FL
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4. FEI Number 65-0010115	Applied For Not Applicable
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Zip 33014	Country US	Zip 33014	Country US
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  
CHURCHILL, JIM  
16647 SW 6TH LANE  
PEMBROKE PINES FL 33027

7. Name and Address of New Registered Agent  
Name: Patty Fernandez  
Street Address (P.O. Box Number is Not Acceptable): 6381 CowPen Road Apt. V-101  
City: Miami Lakes FL Zip Code: 33014

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: *Patty Fernandez* DATE: 1/22/01  
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHURCHILL, JIM 16647 SW 6TH STREET PEMBROKE PINES FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEGIDO, ALDO 1501 LA BARON DR MIAMI SPRINGS FL 33166 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DE DOMINICKIS, MIREYA 5840 SW 89 CT MIAMI FL 33173 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KAISER, JEFFREY P 9825 W SAMPLE RD STE 201 CORAL SPRINGS FL 33065 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Patty Fernandez <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6381 CowPen Rd. Apt. V-101 Miami Lakes, FL 33014 <input type="checkbox"/> D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President John Olivera <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 20850 San Simeon No. Miami Beach, FL 33179 <input type="checkbox"/> D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DeDominicis <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Thomas Moyer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5660 SW 28th Street Unit B Miami, FL 33143 <input type="checkbox"/> D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (10/00)

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: *Patty Fernandez* DATE: 1/22/01 305-821-3966  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #