2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 09, 2003
Secretary of State

DOCUMENT# N19077

Entity Name: COMMUNITY THEATRE OF HIALEAH/MIAMI LAKES, INC.

Current Principal Place of Business:

% JIM CHURCHILL
PEMBROKE PINES, FL 33027 US

New Principal Place of Business:

% MARIA ORTIZ
MIAMI LAKES, FL 33014 US

Current Mailing Address:

16647 SW 6TH STREET
PEMBROKE PINES, FL 33027 US

New Mailing Address:

7433 BIG CYPRESS DR
MIAMI LAKES, FL 33014 US

FEI Number: 65-0010115 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FERNANDEZ, PATTY
6381 COW PEN ROAD, APT V-101
MIAMI LAKES, FL 33014 US

Name and Address of New Registered Agent:

ORTIZ, MARIA
7433 BIG CYPRESS DR
MIAMI LAKES, FL 33014 US

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: JOHN OLIVERA 03/09/2003
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CHURCHILL, JIM
Address: 16647 SW 6TH ST
City-St-Zip: PEMBROKE PINES, FL 33027

Title: VPD ( ) Delete
Name: ORTIZ, MARIA
Address: 9433 BIG CYPRESS DR
City-St-Zip: MIAMI LAKES, FL 33014

Title: SD ( ) Delete
Name: DEDOMINICIS, MIREYA
Address: 6855 W 2ND LANE HEATHER BURKETT
City-St-Zip: HIALEAH, FL 33014

Title: TD ( ) Delete
Name: GARRARD, ELIZABETH ANN
Address: 15201 NW 6 CT
City-St-Zip: PEMBROKE PINES, FL 33028

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: ORTIZ, MARIA
Address: 7433 BIG CYPRESS DR
City-St-Zip: MIAMI LAKES, FL 33014

Title: VPD (X) Change ( ) Addition
Name: LYZNIAK, CLARA
Address: 17339 NW 66 PL
City-St-Zip: MIAMI LAKES, FL 33014

Title: SD (X) Change ( ) Addition
Name: BURKETT, HEATHER
Address: 6855 W 2ND LANE
City-St-Zip: HIALEAH, FL 33014

Title: TD (X) Change ( ) Addition
Name: OLIVERA, JOHN
Address: 9995 SW 35 TR
City-St-Zip: MIAMI, FL 33165

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN OLIVERA TD 03/09/2003
Electronic Signature of Signing Officer or Director Date