

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90146 022 ****61.25

DOCUMENT # N23305

1. Entity Name
**THE AMERICAN SOCIETY FOR THE ADVANCEMENT OF
CANTORIAL ARTS, INC.**



Principal Place of Business
**407 LINCOLN ROAD
9L
MIAMI BEACH, FL 33139 US**

Mailing Address
**407 LINCOLN ROAD
9L
MIAMI BEACH, FL 33139 US**



2. Principal Place of Business
7311 NW 12 STREET

3. Mailing Address
7311 NW 12 STREET

Suite, Apt. #, etc.
30

Suite, Apt. #, etc.
30

04262004 Chg-NP CR2E037 (10/03)

City & State
MIAMI FL

City & State
MIAMI, FL 33126

4. FEI Number
65-0020992

Applied For
☐ Not Applicable

Zip
33126

Country
USA

Zip
33126

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BALSDEN, THERREL PA
ATTN: ELLEN ROSE
1 SE 3RD AVE, #2400
MIAMI, FL 33131**

7. Name and Address of New Registered Agent

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee **\$61.25**
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DP
WIENER, HAIM
5718 N. BAY ROAD
MIAMI BEACH, FL 33140**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**SDV
WIENER, GILA
5718 N. BAY ROAD
MIAMI BEACH, FL 33140**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VASD
MARK, DANIA
3431 SW 52ND STREET
FORT LAUDERDALE, FL 33312**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/04