

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

04-11-2002 90097 031 \*\*\*\*61.25

**DOCUMENT # N27923**

1. Entity Name

**SHORES PERFORMING ARTS THEATER, INC.**

Principal Place of Business

Mailing Address

9906 N.E. 2ND AVE.  
 MIAMI SHORES FL 33138

9906 N.E. 2ND AVE.  
 MIAMI SHORES FL 33138

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0091285

Applied For

Not Applicable

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

**BELLAMY, WILLIAM**  
**1665 YELLOW HEART WAY**  
**HOLLYWOOD FL 33019**

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 PD ☐ Delete  
 NAME TODARO, LOUISE P  
 STREET ADDRESS 2195 N.E. 120TH ST  
 CITY-ST-ZIP NORTH MIAMI FL 33181

TITLE MD ☐ Change ☒ Addition  
 NAME William Bellamy  
 STREET ADDRESS 1665 Yellow Heart Way  
 CITY-ST-ZIP Hollywood FL 33019

TITLE VPD ☐ Delete  
 NAME FUCHS, PAT  
 STREET ADDRESS 8291 BALGOWAN ROAD  
 CITY-ST-ZIP MIAMI LAKES FL 33016

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

TITLE TD ☐ Delete  
 NAME FUCHS, JERRY  
 STREET ADDRESS 8291 BALGOWAN ROAD  
 CITY-ST-ZIP MIAMI LAKES FL 33016

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

TITLE MD ☒ Delete  
 NAME SAPIA, PATRICK  
 STREET ADDRESS 1615 S. 14TH AVENUE, #20  
 CITY-ST-ZIP HOLLYWOOD FL 33020

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

TITLE D ☐ Delete  
 NAME SCHAFMEISTER, CAROL  
 STREET ADDRESS 848 N.E. 100TH STREET  
 CITY-ST-ZIP MIAMI SHORES FL 33138

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ 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]*

**SEAL REQUIRED**

4-3-02

305.951.0562

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CR2E037 (9/01)