

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N27923

FILED  
Apr 30, 2003  
Secretary of State

Entity Name: SHORES PERFORMING ARTS THEATER, INC.

## Current Principal Place of Business:

9806 N.E. 2ND AVE.  
MIAMI SHORES, FL 33138

## New Principal Place of Business:

## Current Mailing Address:

9806 N.E. 2ND AVE.  
MIAMI SHORES, FL 33138

## New Mailing Address:

FEI Number: 65-0091285

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

SCHAFMEISTER, CAROLE  
1334 SW 26 STREET  
MIRAMAR, FL 33027 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: CAROLE SCHAFMEISTER

04/30/2003

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: TODARO, LOUISE P  
Address: 2195 N.E. 120TH ST  
City-St-Zip: NORTH MIAMI, FL 33181

Title: VPD ( ) Delete  
Name: FUCHS, PAT  
Address: 8291 BALGOWAN ROAD  
City-St-Zip: MIAMI LAKES, FL 33016

Title: TD ( ) Delete  
Name: FUCHS, JERRY  
Address: 8291 BALGOWAN ROAD  
City-St-Zip: MIAMI LAKES, FL 33016

Title: D ( ) Delete  
Name: SCHAFMEISTER, CAROL  
Address: 848 N.E. 100TH STREET  
City-St-Zip: MIAMI SHORES, FL 33138

Title: MD (X) Delete  
Name: BELLAMY, WILLIAM  
Address: 1665 YELLOW HEART WAY  
City-St-Zip: HOLLYWOOD, FL 33019

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change ( ) Addition  
Name: SCHAFMEISTER, CAROLE  
Address: 1334 SW 26 STREET  
City-St-Zip: MIRAMAR, FL 33027

Title: VP/D (X) Change ( ) Addition  
Name: LASCH, DOREEN  
Address: 910 NE 99 STREET  
City-St-Zip: MIAMI SHORES, FL 33138

Title: T/D (X) Change ( ) Addition  
Name: WINKLE, CARTER  
Address: 381 NE 98 STREET  
City-St-Zip: MIAMI SHORES, FL 33138

Title: S/D (X) Change ( ) Addition  
Name: PYKE, ROBIN  
Address: 1800 NE 114 STREET, #2005  
City-St-Zip: MIAMI, FL 33181

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: CAROLE SCHAFMEISTER

P/D

04/30/2003

Electronic Signature of Signing Officer or Director

Date