

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N31442

1. Entity Name

SYMPHONY GUILD OF SOUTH FLORIDA, INC.

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90156 023 \*\*\*\*70.00

Principal Place of Business

P.O. BOX 7300  
FT. LAUDERDALE FL 33338  
US

Mailing Address

P.O. BOX 7300  
FT. LAUDERDALE FL 33338-7300  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0141961

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

STEINER-HORNSTEYN, HELENA  
~~936 INTRACOASTAL DR~~  
~~APT 7E~~  
~~FT. LAUDERDALE FL 33308~~

7. Name and Address of New Registered Agent

Name Steiner-Hornsteyn, Helena  
Street Address (P.O. Box Number is Not Acceptable)  
10250 Collins Ave  
#301  
City Miami Beach FL Zip Code 33154

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 Helena Steiner-Hornsteyn, Pres 4/28/00  
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

TITLE	D	NAME	STEINER-HORNSTEYN, HELENA	<input type="checkbox"/> Delete
STREET ADDRESS	<del>4130 NE 25TH AVENUE</del>			
CITY-ST-ZIP	FT. LAUDERDALE FL			
TITLE	D	NAME	ALZURI, MAGDA	<input type="checkbox"/> Delete
STREET ADDRESS	1131 SE FOURTH STREET			
CITY-ST-ZIP	FT. LAUDERDALE FL 33301			
TITLE	D	NAME	BEACH, ANNA	<input type="checkbox"/> Delete
STREET ADDRESS	2325 NE 17 TERRACE			
CITY-ST-ZIP	WILTON MANORS FL 33305			
TITLE	D	NAME	<del>THORNE, VERONIKA</del>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<del>2625 SEA ISLAND DRIVE</del>			
CITY-ST-ZIP	FT. LAUDERDALE FL 33301			
TITLE	D	NAME	SULLIVAN, IRENE	<input type="checkbox"/> Delete
STREET ADDRESS	4411 NE 15 TERRACE			
CITY-ST-ZIP	FT. LAUDERDALE FL 33334			
TITLE		NAME		<input type="checkbox"/> Delete
STREET ADDRESS				
CITY-ST-ZIP				

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Helena Steiner-Hornsteyn	
STREET ADDRESS	10250 Collins Ave #301	
CITY-ST-ZIP	Miami Beach, FL 33154	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Helena Steiner-Hornsteyn, Pres 4/28/00  
Signature, typed or printed name of signing officer or director Date