

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Oct 02, 2002 8:00 am
Secretary of State

09-16-2002 90111 009 ****70.00

DOCUMENT # N32019

1. Entity Name

THE PUBLIC THEATRE OF SOUTH FLORIDA, INC.

Principal Place of Business

C/O DAVID J BERNSTEIN
 1350 E. SUNRISE BLVD.
 FT. LAUDERDALE FL 33304

Mailing Address

C/O DAVID J BERNSTEIN
 1350 E. SUNRISE BLVD.
 FT. LAUDERDALE FL 33304

2. Principal Place of Business

Mailing Address

David Jay Bernstein

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5334 OSPREY ST.

City & State

City & State

Coconut Creek, FL.

Zip

Country

Zip

Country

33073

USA

4. FEI Number

65-0161710

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

BERNSTEIN, DAVID J
 5334 OSPREY STREET
 COCONUT CREEK FL 33043

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

After September 13, 2002,
 min. will be \$236.25.

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	SAVORY, P. CONSTANCE	
STREET ADDRESS	308 NE 20 STREET	
CITY-ST-ZIP	WILTON MANOR FL 33043	
TITLE	SD	☒ Delete
NAME	GONZALEZ, DAVID	
STREET ADDRESS	632 NW 22 STREET	
CITY-ST-ZIP	WILTON MANORS FL 33311	
TITLE	TD	☒ Delete
NAME	HERMAN, DAVID	
STREET ADDRESS	20161 PALM ISLAND DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33498	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	☒ Change ☐ Addition
NAME	GONZALEZ, DAVID	
STREET ADDRESS	632 NW 22 ST.	
CITY-ST-ZIP	WILTON MANORS, FL. 33311	
TITLE	VP	☒ Change ☐ Addition
NAME	SAVORY, P. Constance	
STREET ADDRESS	308 NE 20 ST.	
CITY-ST-ZIP	WILTON MANORS, FL. 33043	
TITLE	Steven Siegel	☐ Change ☒ Addition
NAME	4922 NW 81 AVE.	
STREET ADDRESS	COTAL SPRINGS, FL. 33067	
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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:

David Gonzalez
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David Gonzalez

Date

9/11/02

Daytime Phone #

954-561-2054

CR2E037 (4/02)