

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N37514

1. Entity Name

THE INTERNATIONAL INSTITUTE OF VOCAL ARTS, INC.

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90105 020 \*\*\*\*70.00

Principal Place of Business  
365 WEST END AVE.  
#9D  
NEW YORK NY 10024  
US

Mailing Address  
365 WEST END AVENUE  
#9-D  
NEW YORK NY 10024-6530  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3014602**  
Applied For  
Not Applicable

Zip Country Zip Country

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

GUAGLIARDO, RICHARD  
4305 W. CLEVELAND ST  
TAMPA FL 33604

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ALEXANDER, ELLEN</b> <b>365 W END AVE, APT 9D</b> <b>NEW YORK NY</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>DUNN, MIGNON</b> <b>365 W END AVE, APT 11F</b> <b>NEW YORK NY</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WOODRUFF, WILLIAM</b> <b>365 W END AVE, APT 9D</b> <b>NEW YORK NY 10024</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>REYNOLDS, JERALD</b> <b>11723 PRIMROSE LN</b> <b>TEMPLE TERRACE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GENTILESCA, FRANCO</b> <b>2109 BROADWAY #1410</b> <b>NEW YORK NY</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <del>SUSSMAN</del> , <b>SMORMAN, WILLIAM</b> <b>240 W. 75 ST #8A</b> <b>NEW YORK NY 10023</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *William Woodruff* **WILLIAM WOODRUFF** 2/26/00 212-874-8112  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)