

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State
 04-11-2001 90118 015 ****61.25

DOCUMENT # N37514

1. Entity Name

THE INTERNATIONAL INSTITUTE OF VOCAL ARTS, INC.

Principal Place of Business

365 WEST END AVE.
 #9D
 NEW YORK NY 10024
 US

Mailing Address

365 WEST END AVENUE
 #9D
 NEW YORK NY 10024
 US

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

59-3014602

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

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

Richard Guagliardo

Signature, typed or printed name of registered agent and title 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 ☐ Delete
 NAME **P**
 STREET ADDRESS **ALEXANDER, ELLEN**
 CITY-ST-ZIP **365 W END AVE, APT 9D**
NEW YORK NY

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

TITLE ☐ Delete
 NAME **V**
 STREET ADDRESS **DUNN, MIGNON**
 CITY-ST-ZIP **365 W END AVE, APT 11F**
NEW YORK NY

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

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **WOODRUFF, WILLIAM**
 CITY-ST-ZIP **365 W END AVE, APT 9D**
NEW YORK NY 10024

TITLE ☐ Change ☒ Addition
 NAME **STEELE, JANE**
 STREET ADDRESS **240 W 75th ST, #8A**
 CITY-ST-ZIP **New York, NY 10023**
Treasurer

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **REYNOLDS, JERALD**
 CITY-ST-ZIP **11723 PRIMROSE LN**
TEMPLE TERRACE FL

TITLE ☒ Change ☐ Addition
 NAME **Director**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **GENTILESCA, FRANCO**
 CITY-ST-ZIP **2109 BROADWAY #1410**
NEW YORK NY

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **SUSSMAN, WILLIAM**
 CITY-ST-ZIP **240 W. 75 ST #8A**
NEW YORK NY 10023

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 Required
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jane Steele

April 15, 2001

212-721-4925

Date

Daytime Phone #

CR2E037 (10/00)