

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N41326

1. Entity Name

INTERNATIONAL FOUNDATION FOR THE ARTS, INC.

Principal Place of Business

P. O. BOX 490962
MIAMI FL 33149
US

Mailing Address

P. O. BOX 490962
MIAMI FL 33149
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

65-0271027

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

PEARSON, SHELLY
121 CRANDON BLVD.
SUITE 149
KEY BISCAYNE FL 33149

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 D
NAME AMBROSINO, GENARD
STREET ADDRESS 3095 S.W. 39 AVENUE
CITY-ST-ZIP MIAMI FL 33146



TITLE D
NAME AMBROSINO, GENARD
STREET ADDRESS 769 NE 125 ST
CITY-ST-ZIP NORTH MIAMI FL 33161



TITLE TD
NAME PEARSON, JOHN S., JR.
STREET ADDRESS 121 CRANDON BLVD.
CITY-ST-ZIP KEY BISCAYNE FL



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE PD
NAME PEARSON, SHELLY
STREET ADDRESS 121 CRANDON BLVD.
CITY-ST-ZIP KEY BISCAYNE FL



TITLE
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STREET ADDRESS
CITY-ST-ZIP



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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 REGIONALIS PEARSON JR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JAN 2 2001 305 365 2444

FILED
Jan 08, 2001 8:00 am
Secretary of State

01-08-2001 90007 034 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)