

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 17, 2000 08:00 AM**
Secretary of State**DOCUMENT # N46391****1. Entity Name**

THE SOUTH FLORIDA LAMBDA CHORALE, INC.

Principal Place of Business**Mailing Address**

PO BOX 9075

PO BOX 9075

FT. LAUDERDALE
333109075

FL

FT. LAUDERDALE
333109075

FL

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**65-0365732**

Applied For

Not Applicable

5. Certificate of Status Desired**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentRASE DEBBI
5220 N.E. 18TH AVENUEFT. LAUDERDALE
33334

FL

US

7. Name and Address of New Registered AgentName
JENS-ROCHOW KATHRYNStreet Address (P.O. Box Number is Not Acceptable)
1413 SE 1 AVENUECity
FT. LAUDERDALE

FL

Zip Code
33316**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 **KATHRYN M. JENS-ROCHOW****01/17/2000**

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	<input type="checkbox"/> Delete
NAME	PINTO MELISSA	
STREET ADDRESS	990 N.E. 15TH ST., APT. 10	
CITY-ST-ZIP	OAKLAND PARK FL 333044806	
TITLE	S	<input type="checkbox"/> Delete
NAME	VRTIS JEFF	
STREET ADDRESS	PO BOX 9095	
CITY-ST-ZIP	FT. LAUDERDALE FL 33310	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CORMIER CAROL	
STREET ADDRESS	5200 SW 4 CT	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	V	<input type="checkbox"/> Delete
NAME	MARTORILLI CARMINE	
STREET ADDRESS	PO BOX 9075	
CITY-ST-ZIP	FT. LAUDERDALE FL 33310	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GRIFFIN JOE	
STREET ADDRESS	1600 SW 9TH AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	
TITLE	P	<input type="checkbox"/> Delete
NAME	RASE DEBBI L	
STREET ADDRESS	5220 N.E. 18TH AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33334	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	REP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUFSON DANA	
STREET ADDRESS	3522 NE 167 STREET	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	
TITLE	REP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORAN JOHN	
STREET ADDRESS	6461 SHERMAN STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33024	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWELL KEVIN	
STREET ADDRESS	112 NURMI	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLDEN MICHAEL	
STREET ADDRESS	5531 NW 50 AVENUE	
CITY-ST-ZIP	COCONUT CREEK FL 33073	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMAS LILY	
STREET ADDRESS	5907 TAFT STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENS-ROCHOW KATHRYN	
STREET ADDRESS	1413 SE 1 AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	

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.