

# 2000 UNIFORM BUSINESS REPORT (UBR)

4

DOCUMENT # N47124

1. Entity Name

CORAL GABLES INTERNATIONAL FESTIVAL OF CRAFT ART

**FILED**  
**May 22, 2000 8:00 am**  
**Secretary of State**

04-14-2000 90005 030 \*\*\*\*61.25

Principal Place of Business  
2100 SALZEDO STREET  
SUITE 303  
CORAL GABLES FL 33134  
US

Mailing Address  
2100 SALZEDO STREET  
SUITE 303  
CORAL GABLES FL 33134-4323  
US

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0309842**  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

LOWENSTEIN, PAT  
2100 SALZEDO STREET, SUITE 303  
SUITE 303  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW:**  
**FEES IS \$61.25**

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees  
Trust Fund Contribution.

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	LOWENSTEIN, PAT	<input type="checkbox"/> Delete
NAME		2100 SALZEDO ST., STE 303	
STREET ADDRESS		CORAL GABLES FL 33134	
CITY-ST-ZIP			
TITLE	V	ANANIADIAS, TIM	<input type="checkbox"/> Delete
NAME		50 ALHAMBRA PLAZA	
STREET ADDRESS		CORAL GABLES FL	
CITY-ST-ZIP			
TITLE	D	SANTEIRO, JERRY	<input type="checkbox"/> Delete
NAME		140 MAORIO STREET	
STREET ADDRESS		CORAL GABLES FL 33134	
CITY-ST-ZIP			
TITLE	D	LOWENSTEIN, ELLIOT	<input type="checkbox"/> Delete
NAME		2100 SALZEDO ST STE 303	
STREET ADDRESS		CORAL GABLES FL	
CITY-ST-ZIP			
TITLE	D	LOWENSTEIN, PAT	<input type="checkbox"/> Delete
NAME		2100 SALZEDO STREET SUITE 303	
STREET ADDRESS		CORAL GABLES FL	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS			
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TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAT LOWENSTEIN

SIGNATURE REQUIRED

*Pat Lowenstein*

5/7/00 305.444.9877

Date

Daytime Phone #

Ext 102

CR2E037 (9/99)