2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 16, 2000 8:00 am Secretary of State DOCUMENT # **N95000002922** DUR MUSIC SCHOOL OF THE ARTS, INC. 05-16-2000 90096 034 ****61.25 Principal Place of Business Mailing Address 630 US HWY 1 630 US HWY 1 STE 205 STE 205 NORTH PALM BEACH FL 33408-4610 NORTH PALM BEACH FL 33408 3. Mailing Address do Prager & Ferritors 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0588512 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SLAVIN, MICHAEL A 4440 PGA BLVD **STE 402** City Zip Code PALM BEACH GARDENS FL 33410 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: 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Delete TITLE Change 1 ☐ Addition TITLE burr, Nicole 675 Third Ave 3rd Floor NAME NAME DURR, NICOLE STREET ADDRESS STREET ADDRESS 630 US HWY 1 STE 205 CITY-ST-ZIP CITY-ST-ZIP New York NY 10017 NORTH PALM BEACH FL 33408 Change ☐ Delete TITLE TITLE Bielski Karen NAME NAME BIELSKI, KAREN F 292 S. County Rd. Suite 213 STREET ADDRESS STREET ADDRESS 630 US HWY 1 STE 205 Palm Beach FL 33480 CITYESTERIE CITY-ST-ZIP NORTH PALM BEACH FL 33408 TITLE Delete Change Addition Margaret Baroncelli NAME BARONCELLI, MARGARET NAME 675 Third Ave -3rd Ploor STREET ADDRESS STREET ADDRESS 630 US HWY 1 STE 205 CITY-ST-ZIP CITY-ST-ZIP NORTH PALM BEACH FL 33408 TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SY-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **

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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