

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N95000002922**

1. Entity Name

**DUR MUSIC SCHOOL OF THE ARTS, INC.****FILED****Apr 02, 2001 8:00 am**  
**Secretary of State**

04-02-2001 90071 013 \*\*\*\*61.25

Principal Place of Business

**292 S COUNTRY ROAD  
STE 213  
PALM BEACH FL 33480**

Mailing Address

**675 THIRD AVE  
3RD FLOOR  
NEW YORK NY 10017**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-0588512**

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****SLAVIN, MICHAEL A  
4440 PGA BLVD  
STE 402  
PALM BEACH GARDENS FL 33410**

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

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** ☐ Delete  
NAME **DURR, NICOLE**  
STREET ADDRESS **630 US HWY 1 STE 205**  
CITY-ST-ZIP **NORTH PALM BEACH FL 33408**TITLE **D** ☐ Delete  
NAME **BIELSKI, KAREN F**  
STREET ADDRESS **630 US HWY 1 STE 205**  
CITY-ST-ZIP **NORTH PALM BEACH FL 33408**TITLE **D** ☐ Delete  
NAME **BARONCELLI, MARGARET**  
STREET ADDRESS **630 US HWY 1 STE 205**  
CITY-ST-ZIP **NORTH PALM BEACH FL 33408**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**TITLE **D** ☒ Change ☐ Addition  
NAME **Durr, Nicole**  
STREET ADDRESS **675 Third Ave 3rd Floor**  
CITY-ST-ZIP **New York, NY 10017**TITLE **D** ☒ Change ☐ Addition  
NAME **Bielski, Karen F.**  
STREET ADDRESS **292 S. County Rd. Suite 213**  
CITY-ST-ZIP **Palm Beach, FL 33480**TITLE **D** ☒ Change ☐ Addition  
NAME **Baroncelli, Margaret**  
STREET ADDRESS **675 Third Ave 3rd Floor**  
CITY-ST-ZIP **New York, NY 10017**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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

Date

Daytime Phone #

CR2E037 (10/00)