

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91653 035 ****61.25

DOCUMENT # N95000002922

1. Entity Name

DUR MUSIC SCHOOL OF THE ARTS, INC.

Principal Place of Business

292 S COUNTRY ROAD
 STE 213
 PALM BEACH FL 33480

Mailing Address
c/o Prager & Fenton
 675 THIRD AVE
 3RD FLOOR
 NEW YORK NY 10017



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0588512

Applied For

Not Applicable

Zip

Country

Zip

Country

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **DURR, NICOLE**
 CITY-ST-ZIP **675 THIRD AVE 3RD FLOOR**
NEW YORK NY 10017

TITLE ☒ Change ☐ Addition
 NAME **D**
 STREET ADDRESS **Durr, Nicole**
 CITY-ST-ZIP **c/o Prager & Fenton 675 Third Ave**
New York NY 10017

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **BIELSKI, KAREN F**
 CITY-ST-ZIP **292 S. COUNTY RD. SUITE 213**
PALM BEACH FL 33480

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **BARONCELLI, MARGARET**
 CITY-ST-ZIP **675 THIRD AVE 3RD FLOOR**
NEW YORK NY 10017

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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: KAREN F. BIELSKI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

Date

561-379-7134

Daytime Phone #

CR2E037 (9/01)