

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003133

1. Entity Name

THE PERFORMING ARTS INSTITUTE, INC.

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90085 043 ****70.00

Principal Place of Business

Mailing Address

701 BRICKELL AVE.
SUITE 3000
MIAMI FL 33131

6107 SW 49TH ST
MIAMI FL 33155-6204
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0781185

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

DE ACHA, KIMBERLY D
6107 S.W. 49TH ST.
MIAMI FL 33155

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 DP ☐ Delete
NAME DE ACHA, KIMBERLY D
STREET ADDRESS C/O 6107 S.W. 49TH STREET
CITY-ST-ZIP MIAMI FL 33155

TITLE ☐ Change ☒ Addition
NAME GARY SNIDER
STREET ADDRESS 3180 WASHINGTON ST.
CITY-ST-ZIP COCONUT GROVE, FLORIDA 33133

TITLE DVP ☐ Delete
NAME ALT, DAVID
STREET ADDRESS C/O 6107 S.W. 49TH STREET
CITY-ST-ZIP MIAMI FL 33155

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

TITLE DS ☐ Delete
NAME DE ACHA, RAFAEL
STREET ADDRESS C/O 6107 S.W. 49TH STREET
CITY-ST-ZIP MIAMI FL 33155

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

TITLE D ☒ Delete
NAME SMITH, ROBERT H
STREET ADDRESS 701 BRICKELL AVE., STE. 3000
CITY-ST-ZIP MIAMI FL 33131

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

TITLE D ☐ Delete
NAME HOFFMAN, LUCINDA A
STREET ADDRESS 701 BRICKELL AVE., STE. 3000
CITY-ST-ZIP MIAMI FL 33131

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

TITLE D ☒ Delete
NAME HERNANDEZ, PATRICIA M
STREET ADDRESS 701 BRICKEL AVE., STE. 3000
CITY-ST-ZIP MIAMI FL 33131

TITLE ☐ 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: *Kimberly D. De Acha* KIMBERLY D. DE ACHA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/2000 305-662-8023

Date

Daytime Phone #

CR2E037 (9/99)