

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N96000003133**

1. Entity Name

THE PERFORMING ARTS INSTITUTE, INC.**FILED**
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90110 036 ****70.00

723513

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address

701 BRICKELL AVE.
SUITE 3000
MIAMI FL 33131

6107 SW 49TH ST
MIAMI FL 33155
US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

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

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

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 N/A (NOTE: Registered Agent signature required when reinstating) DATE N/A

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 | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|---------------------|------------------------------|------------------------|-------------------------------------|
| DP | DE ACHA, KIMBERLY D | C/O 6107 S.W. 49TH STREET | MIAMI FL 33155 | <input type="checkbox"/> |
| DVP | ALT, DAVID | C/O 6107 S.W. 49TH STREET | MIAMI FL 33155 | <input type="checkbox"/> |
| DS | DE ACHA, RAFAEL | C/O 6107 S.W. 49TH STREET | MIAMI FL 33155 | <input type="checkbox"/> |
| D | SMITH, ROBERT H | 701 BRICKELL AVE., STE. 3000 | MIAMI FL 33131 | <input checked="" type="checkbox"/> |
| D | HOFFMAN, LUCINDA A | 701 BRICKELL AVE., STE. 3000 | MIAMI FL 33131 | <input type="checkbox"/> |
| D | SNIDER, GARY | 3180 WASHINGTON ST | COCONUT GROVE FL 33133 | <input checked="" type="checkbox"/> |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
|-------|--------------|--------------------------------|----------------------|--|
| D | SOTO, MARIA | 3000 BISCAYNE BLVD., SUITE 500 | MIAMI, FLORIDA 33137 | <input checked="" type="checkbox"/> |
| D | BRADEN, LISA | 3505 WILDWOOD CIRCLE | MIAMI, FLORIDA 33133 | <input checked="" type="checkbox"/> |
| | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 2/23/01 305-662-8023

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)