

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Feb 17, 2002 8:00 am**  
**Secretary of State**

02-17-2002 90025 048 \*\*\*\*70.00

**DOCUMENT # N96000003133**

1. Entity Name

**THE PERFORMING ARTS INSTITUTE, INC.**

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 &amp; State

City &amp; 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

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	<input type="checkbox"/> Delete
NAME	DE ACHA, KIMBERLY D	
STREET ADDRESS	C/O 6107 S.W. 49TH STREET	
CITY-ST-ZIP	MIAMI FL 33155	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DVP	<input type="checkbox"/> Delete
NAME	ALT, DAVID	
STREET ADDRESS	C/O 6107 S.W. 49TH STREET	
CITY-ST-ZIP	MIAMI FL 33155	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DS	<input type="checkbox"/> Delete
NAME	DE ACHA, RAFAEL	
STREET ADDRESS	C/O 6107 S.W. 49TH STREET	
CITY-ST-ZIP	MIAMI FL 33155	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SOTO, MARIA	
STREET ADDRESS	3000 BISCAYNE BLVD #500	
CITY-ST-ZIP	MIAMI FL 33137	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	HOFFMAN, LUCINDA A	
STREET ADDRESS	701 BRICKELL AVE., STE. 3000	
CITY-ST-ZIP	MIAMI FL 33131	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	BRADEN, LISA	
STREET ADDRESS	3505 WILDWOOD CIR	
CITY-ST-ZIP	MIAMI FL 33133	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/02 305-662-8023

CR2E037 (9/01)