

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 26, 2001 8:00 am**  
**Secretary of State**

01-26-2001 90011 032 \*\*\*\*61.25

**DOCUMENT # N97000002141**

1. Entity Name

**SUMMER ARTS SESSIONS INTERNATIONAL INC.**

Principal Place of Business

Mailing Address

9360 N.W. 18TH DRIVE  
 PLANTATION FL 33322

9360 N.W. 18TH DRIVE  
 PLANTATION FL 33322

505003



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

65-0766617

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

~~RISKIN, STAN  
 499 N.W. 70TH AVENUE  
 PLANTATION FL 33322~~

Name **MICHAEL BASSICHIS**

Street Address (P.O. Box Number is Not Acceptable)

**9360 NW 18 DR.**

City

**PLANTATION.**

**FL**

Zip Code

**33322**

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 NAME	<input type="checkbox"/> Delete	D BASSICHIS, MICHAEL
STREET ADDRESS		9360 NW 18TH DRIVE
CITY-ST-ZIP		PLANTATION FL 33322
TITLE NAME	<input type="checkbox"/> Delete	D HAUSER, JUDITH
STREET ADDRESS		1320 MCCOY
CITY-ST-ZIP		COLUMBUS OH 43220
TITLE NAME	<input type="checkbox"/> Delete	D KOMINSKY, JULIE
STREET ADDRESS		525 WOODLAWN
CITY-ST-ZIP		BECKLEY WV 25801
TITLE NAME	<input type="checkbox"/> Delete	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	<input type="checkbox"/> Delete	
STREET ADDRESS		
CITY-ST-ZIP		

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

01/14/01

Date Davina Phone #

CR2E037 (10/00)