

DOCUMENT # N97000002896

Entity Name

THE WIND SYMPHONY OF SOUTH FLORIDA, INC.

FILED
Aug 31, 2000 8:00 am
Secretary of State

07-28-2000 90152 017 ****61.25

Principal Place of Business Mailing Address
 1800 NE 40TH CT 1800 NE 40TH CT
 #204 #204
 POMPANO BEACH FL 33064 POMPANO BEACH FL 33064
 US 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

65-0766579

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

MOORE, THOMAS J. II
 1800 NE 40TH CT #204
 POMPANO BEACH FL 33064

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
After September 13, 2000 min. will be \$236.25

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	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DP	MOORE, THOMAS J. II	1800 NE 40TH CT #204	POMPANO BEACH FL 33064	<input type="checkbox"/>
D	ROTHENBERG, JACK	P O BOX 770696 N/A	CORAL SPRINGS FL 33077	<input checked="" type="checkbox"/>
D	BLOOM, JACK	P O BOX 770696 N/A	CORAL SPRINGS FL 33077	<input type="checkbox"/>
D	MARY ANN MAJAI	120 CYPRESS CLUB DRIVE	POMPANO BEACH FL 33061	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

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, without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/24/00

(954) 946-0752

CP2E037 (500)