

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001138

1. Entity Name

SOUTH FLORIDA ARTS OPPORTUNITIES CENTER, INC. *P*

FILED
Sep 14, 2000 8:00 am
Secretary of State

09-14-2000 90005 007 ****70.00

Principal Place of Business

1746 MERIDIAN AVE. #33
 MIAMI BEACH FL 33139

Mailing Address

1746 MERIDIAN AVE. #33
 MIAMI BEACH FL 33139

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

65-0908565

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GUEYE, FATIMA J
 1746 MERIDIAN AVE. #33
 MIAMI BEACH FL 33139

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

Fatima Gueye (Signature)
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9/12/00
 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	D	<input type="checkbox"/> Delete
NAME	JUDAH, SAIDAH B	
STREET ADDRESS	660 N.E. 78TH ST. APT. 308	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE	D	<input type="checkbox"/> Delete
NAME	COLLINS, GREG	
STREET ADDRESS	1605 DOPPLER CT.	
CITY-ST-ZIP	VIRGINIA BEACH VA 23454	
TITLE	D	<input type="checkbox"/> Delete
NAME	FORCHION, JAMES A.	
STREET ADDRESS	2057 N.E. 173RD ST.	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162	
TITLE	D	<input type="checkbox"/> Delete
NAME	FORCHION, JOYCE B	
STREET ADDRESS	2057 N.E. 173RD ST.	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162	
TITLE	D	<input type="checkbox"/> Delete
NAME	GUEYE, FATIMA J	
STREET ADDRESS	1746 MERIDIAN AVE. #33	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JARVIS, VINCENT N	
STREET ADDRESS	1680 MICHIGAN AVE. #33	
CITY-ST-ZIP	MIAMI BEACH FL 33139	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Albert Johnson	
STREET ADDRESS	11 Northridge Rd.	
CITY-ST-ZIP	Pomona, N.Y. 10970-2112	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Collins Gregory	
STREET ADDRESS	101 Corregidor Rd.	
CITY-ST-ZIP	EatonTown, N.J. 07724	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sylvia Ozner Segal	
STREET ADDRESS	20416 NE 10th Court Road	
CITY-ST-ZIP	Miami, Fl. 33179-2524	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	George Headley	
STREET ADDRESS	400 NW 47 Street	
CITY-ST-ZIP	Miami, Fl. 33127	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

Fatima Gueye (Signature)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Fatima Gueye

9/12/00
 Date

(305) 532-2839
 Daytime Phone #

CR2E037 (5/00)