

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001138

1. Entity Name

SOUTH FLORIDA ARTS OPPORTUNITIES CENTER, INC.

**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

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 ☐ Delete  
NAME JUDAH, SAIDAH B  
STREET ADDRESS 660 N.E. 78TH ST. APT. 308  
CITY-ST-ZIP MIAMI FL 33138

TITLE D ☐ Change ☒ Addition  
NAME Albert Johnson  
STREET ADDRESS 11 Northridge Rd.  
CITY-ST-ZIP Pomona, N.Y. 10970-2112

TITLE D ☐ Delete  
NAME COLLINS, GREG  
STREET ADDRESS 1605 DOPPLER CT.  
CITY-ST-ZIP VIRGINIA BEACH VA 23454

TITLE D ☒ Change ☐ Addition  
NAME Collins Gregory  
STREET ADDRESS 101 Corregidor Rd.  
CITY-ST-ZIP Eator Town, N.J. 07724

TITLE D ☐ Delete  
NAME FORCHION, JAMES A.  
STREET ADDRESS 2057 N.E. 173RD ST.  
CITY-ST-ZIP NORTH MIAMI BEACH FL 33162

TITLE D ☐ Change ☒ Addition  
NAME Sylvia Ozner Segal  
STREET ADDRESS 20416 NE 10th Court Road  
CITY-ST-ZIP Miami, FL 33179-2524

TITLE D ☐ Delete  
NAME FORCHION, JOYCE B  
STREET ADDRESS 2057 N.E. 173RD ST.  
CITY-ST-ZIP NORTH MIAMI BEACH FL 33162

TITLE D ☐ Change ☒ Addition  
NAME George Headley  
STREET ADDRESS 400 NW 47 Street  
CITY-ST-ZIP Miami, FL 33127

TITLE D ☐ Delete  
NAME GUEYE, FATIMA J  
STREET ADDRESS 1746 MERIDIAN AVE. #33  
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME JARVIS, VINCENT N  
STREET ADDRESS 1680 MICHIGAN AVE. #33  
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE ☐ Change ☐ 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)