## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Apr 18, 2001 8:00 am Secretary of State DOCUMENT # N9900003214 COMMUNITY PERFORMING ARTS CENTER, INC. 04-18-2001 90055 040 \*\*\*\*61.25 Principal Place of Business Mailing Address 4433 BOUGAINVILLA DRIVE 4433 BOUGAINVILLA DRIVE LAUDERDALE-BY-THE-SEA FL 33308 LAUDERDALE-BY-THE-SEA FL 33308 UUU47761 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number NOT APPLICABLE Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) HALEY, JAMES D P.A. 2122 HOLLYWOOD BLVD. HOLLYWOOD FL 33020 Zip Code City FL 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. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE Change ☐ Addition NAME WOSTIN, HOWARD NAME STREET ADDRESS STREET ADDRESS 5100 DUPONT BLVD., #9M CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33308 ☐ Addition ☐ Change TITLE TITLE ☐ Delete HINTON, PHILIP J NAME NAME 187 S.W. 3RD STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33060 ☐ Delete TITLE ☐ Change ☐ Addition TITLE RAGUSA, VINCENT NAME STREET ADDRESS 4430 SEA GRAPE DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP LAUDERDALE-BY-THE-SEA FL 33308 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME SMITH, J. AUBER STREET ADDRESS STREET ADDRESS 440 S.E. 4TH CT. CITY-ST-ZIP CITY-ST-7(E POMPANO BEACH FL 33060 ☐ Change ☐ Addition TITLE ☐ Delete TITLE TEMPLE, ROBERT NAME NAME STREET ADDRESS 1431 N.E. 53RD CT. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33334 ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Daytime Phone #