FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Jun 08, 2001 8:00 am DOCUMENT # N9900004721 Secretary of State 06-08-2001 90005 005 ****70 00 THE SOUTH FLORIDA BOYS CHOIR, INCORPORATED Principal Place of Business Mailing Address 554054 17623 HOMESTEAD AVE 17623 HOMESTEAD AVE MIAMI FL 33157 MIAMI FL 33157 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 31-1671632 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RICHARD_I. BLINDERMAN Street Address (P.O. Box Number is Not Acceptable) 150 WEST FLAGLER STREET, BLINDERMAN, RICHARD I **SUITE 2200** 100 SE ND ST MUSEUM TOWER **SUITE 2800** City MIAMI FL 33131 FL MIAMI 33130 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 DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaig 1 Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. **Department of State FEE IS \$61.25** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. PD CR2E037 (10/00 THTLE Delete TITLE Change Addition NAME ROULHAC, PETER NAME STREET ADDRESS STREET ADDRESS 200 S BISCAYNE BLVD SUITE 1500 CITY-ST-7IP CITY-ST-7/P MIAMI FL 33131 ☐ Delete ☐ Change Addition TITLE TITLE NAME SMITH, MARZELL NAME STREET ADDRESS STREET ADDRESS 300 NE 2ND AVE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33132 TITLE ☐ Delete TITLE Change ☐ Addition JOHNSON, JOHN NAME STREET ADDRESS 1450 NE 2ND AVE SUITE 926 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MIAMI FL 33132 TITLE TD ☐ Delete TITLE ☐ Change ☐ Addition NAME HANNA, EDWARD H JR NAME STREET ADDRESS STREET ADDRESS 17623 HOMESTEAD AVE CITY-ST-ZIP CITY-ST-ZIP MIAMI_FL 33157 TITLE Delete TITLE [7] Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THTLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 1 ir 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 empowere I.