2000 UNIFORM BUSINESS REPORT (UBR)

4/4/11

FILED
Jun 29, 2000 8:00 am
Secretary of State

04-11-2000 90169 034 ****61.25

DOCUMENT # N99000005794

1. Entity Name

BAY AREA INSTITUTE OF THE ARTS, INC.

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Principal Place of Business	Mailing Address
1304 DESOTO AVE. #303 TAMPA FL 33606	1304 DESOTO AVE. #303 TAMPA FL 33606

2. Principal Place of Business	3. Mailing Address
2201 N. Florida Ave	10517 Rochester Way
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa, Florida	City & State: Tampa, Florida
Zip: 33602 Country: USA	Zip: 33626 Country: USA

[redacted]

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3610401 — ☐ 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
CUTRO, NICHOLAS 1304 DESOTO AVE, #303 TAMPA FL 33606	Name: Street Address (P.O. Box Number is Not Acceptable): 10517 Rochester Way City: Tampa FL Zip Code: 33626

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: Nicholas Cutro 4.6.00

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

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	President Nicholas Cutro 10517 Rochester Way Tampa, FL 33626 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Nicholas Cutro 10517 Rochester Way Tampa, FL 33626 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Joan Ohis 10517 Rochester Way Tampa, FL 33626 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Carolina Diaz 3339 Handy Rd. Apt. 917 Tampa, FL 33618 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/99)

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 HERE~~ Nicholas Cutro 4-6-00 813-920-3560

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Nicholas Cutro 6.16.00