

2000 UNIFORM BUSINESS REPORT (UBR)

2/15/

FILED

May 15, 2000 8:00 am
Secretary of State

02-15-2000 90012 017 ****70.00

DOCUMENT # N99000006889

1. Entity Name

PALM AIRE FRIENDS OF THE ARTS, INC.

Principal Place of Business

808 CYPRESS BLVD., APT. 407
POMPANO BEACH FL 33069

Mailing Address

808 CYPRESS BLVD., APT. 407
POMPANO BEACH FL 33069

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0980192

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

WEINBERG, SYLVIA J
808 CYPRESS BLVD., APT. 407
POMPANO BEACH FL 33069

7. Name and Address of New Registered Agent

Name

SYLVIA WEINBERG

808 CYPRESS BLVD

POMPANO BEACH, FL

City

FL

Zip Code

33069

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME WEINBERG, SYLVIA J
STREET ADDRESS 808 CYPRESS BLVD., APT. 407
CITY-ST-ZIP POMPANO BEACH FL 33069TITLE D ☐ Delete
NAME KATIMS, RITA
STREET ADDRESS 3010 N. COURSE DRIVE, #509
CITY-ST-ZIP POMPANO BEACH FL 33069TITLE D ☐ Delete
NAME WEINER, BEATRICE
STREET ADDRESS 1005 EAST CYPRESS DRIVE
CITY-ST-ZIP POMPANO BEACH FL 33069TITLE D ☐ Delete
NAME BENSON, ESTA
STREET ADDRESS 808 CYPRESS GROVE LANE, APT. 208
CITY-ST-ZIP POMPANO BEACH FL 33069TITLE D ☐ Delete
NAME VIGNOLA, MAYE
STREET ADDRESS 2940 N. COURSE DRIVE, APT. 512
CITY-ST-ZIP POMPANO BEACH FL 33069TITLE D ☐ Delete
NAME TRABIN, RUTH
STREET ADDRESS 3520 OAKS WAY, APT. 403
CITY-ST-ZIP POMPANO BEACH FL 33069

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME SHIRLEY HIPKIN
STREET ADDRESS 806 CYPRESS GROVE LANE #506
CITY-ST-ZIP POMPANO BEACH, FL 33069TITLE ☐ Change ☐ Addition
NAME DOROTHY EPSTEIN
STREET ADDRESS 2940 N. COURSE DRIVE
CITY-ST-ZIP POMPANO BEACH, FL 33069TITLE ☐ Change ☐ Addition
NAME Ann Grant
STREET ADDRESS 901 Cypress Grove Dr. #206
CITY-ST-ZIP POMPANO BEACH, FL 33069TITLE ☐ Change ☒ Addition
NAME CAROLYN VAN NESS
STREET ADDRESS 901 Cypress Grove Drive, Apt. 206
CITY-ST-ZIP POMPANO BEACH, FL 33069TITLE ☐ Change ☐ Addition
NAME TRABIN, RUTH
STREET ADDRESS 3520 OAKS WAY, APT. 403
CITY-ST-ZIP POMPANO BEACH, FL 33069

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)