

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 22, 2002 8:00 am**  
**Secretary of State**

03-22-2002 90048 047 \*\*\*\*61.25

**DOCUMENT # N99000006889**

1. Entity Name

**PALM AIRE FRIENDS OF THE ARTS, INC.**

*Mrs Stanley Bloom (Susan)*

Principal Place of Business

Mailing Address

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

*Susan BLOOM 805 Cypress Blvd  
Pompano BEACH FL 33069*

2. Principal Place of Business

3. Mailing Address

*805 Cypress Blvd Apt 512*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*Pompano Beach FL*

City & State

4. FEI Number

**65-0980192**

Applied For

Not Applicable

Zip

Country

Zip

Country

*33069*

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

*new President*  
**WEINBERG, SYLVIA J & retired**  
**808 CYPRESS BLVD., APT. 407**  
**POMPANO BEACH FL 33069**

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

*Dorothy Epstein Treasurer 3/8/02*

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 **D** ☐ Delete  
NAME **WEINBERG, SYLVIA J**  
STREET ADDRESS **808 CYPRESS BLVD., APT. 407**  
CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE ☐ Change ☒ Addition  
NAME **Dorothy Epstein**  
STREET ADDRESS **2940 N COURSE DR APT 801**  
CITY-ST-ZIP **Pompano Beach FL 33069**

TITLE **D** ☐ Delete  
NAME **KATIMS, RITA**  
STREET ADDRESS **3010 N. COURSE DRIVE, #509**  
CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE ☐ Change ☒ Addition  
NAME **Dorothy Singer**  
STREET ADDRESS **535 OAKS WAY #211**  
CITY-ST-ZIP **Pompano Beach FL 33069**

TITLE **D** ☐ Delete  
NAME **GOLDSTEIN, BETTE**  
STREET ADDRESS **3095 N COURSE DR ATP 208**  
CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE ☐ Change ☒ Addition  
NAME **MARGARET GASCOYNE**  
STREET ADDRESS **3990 N.W. 42nd Ave #110**  
CITY-ST-ZIP **Lauderdale Lakes FL 33319**

TITLE **D** ☐ Delete  
NAME **HARRIS, JUNE**  
STREET ADDRESS **3930 OAK CLUBHOUSE DR APT 201**  
CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE ☐ Change ☒ Addition  
NAME **Susan Bloom**  
STREET ADDRESS **805 Cypress Blvd #512**  
CITY-ST-ZIP **Pompano Beach FL 33069**

TITLE **D** ☐ Delete  
NAME **VIGNOLA, MAYE**  
STREET ADDRESS **901 CYPRESS GROVE DRIVE, 206**  
CITY-ST-ZIP **POMPANO BEACH FL 33069**

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

TITLE **D** ☐ Delete  
NAME **TRABIN, RUTH**  
STREET ADDRESS **3520 OAKS WAY, APT. 403**  
CITY-ST-ZIP **POMPANO BEACH FL 33069**

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:

*Dorothy Epstein Treasurer 3/8/02 7548*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)