

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 04, 2003 8:00 am**  
**Secretary of State**

02-04-2003 90126 043 \*\*\*\*61.25

**DOCUMENT # N99000006889**

1. Entity Name  
**PALM AIRE FRIENDS OF THE ARTS, INC.**



Principal Place of Business  
**805 CYPRESS BLVD.  
#512  
POMPANO BEACH FL 33069**

Mailing Address  
**805 CYPRESS BLVD.  
#512  
POMPANO BEACH FL 33069**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0980192**

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

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

Name

**BLOOM, SUSAN**

Street Address (P.O. Box Number is Not Acceptable)

**805 CYPRESS BLVD # 512**

City

**POMPANO BEACH**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

**S.B. Susan Bloom**

**BLOOM, SUSAN**

**1/20/03**

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |   |                                |                                 |
|----------------|---|--------------------------------|---------------------------------|
| TITLE          | D | WEINBERG, SYLVIA J             | <input type="checkbox"/> Delete |
| NAME           |   |                                |                                 |
| STREET ADDRESS |   | 808 CYPRESS BLVD., APT. 407    |                                 |
| CITY-ST-ZIP    |   | POMPANO BEACH FL 33069         |                                 |
| TITLE          | D | SINGER, DOROTHY                | <input type="checkbox"/> Delete |
| NAME           |   |                                |                                 |
| STREET ADDRESS |   | 535 OAKS WAY #211              |                                 |
| CITY-ST-ZIP    |   | POMPANO BEACH FL 33069         |                                 |
| TITLE          | D | BLOOM, SUSAN                   | <input type="checkbox"/> Delete |
| NAME           |   |                                |                                 |
| STREET ADDRESS |   | 805 CYPRESS BLVD #512          |                                 |
| CITY-ST-ZIP    |   | POMPANO BEACH FL 33069         |                                 |
| TITLE          | D | KAMINS, RITA                   | <input type="checkbox"/> Delete |
| NAME           |   |                                |                                 |
| STREET ADDRESS |   | 3010 N. COURSE DR.             |                                 |
| CITY-ST-ZIP    |   | POMPANO BEACH, FL 33069        |                                 |
| TITLE          | D | EPSTEIN, DOROTHY               | <input type="checkbox"/> Delete |
| NAME           |   |                                |                                 |
| STREET ADDRESS |   | 2940 N. COURSE DR              |                                 |
| CITY-ST-ZIP    |   | POMPANO BEACH, FL 33069        |                                 |
| TITLE          | D | GASCOYNE, MARGARET             | <input type="checkbox"/> Delete |
| NAME           |   |                                |                                 |
| STREET ADDRESS |   | 3990 N.W. 42 <sup>ND</sup> AVE |                                 |
| CITY-ST-ZIP    |   | LANDERDALE LAKES, FL           |                                 |

|                |   |                         |  |
|----------------|---|-------------------------|--|
| TITLE          | D | SILVERMAN, BLUHMA       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           |   |                         |  |
| STREET ADDRESS |   | 4114 PALM AIRE DR W     |  |
| CITY-ST-ZIP    |   | POMPANO BEACH, FL 33069 |  |
| TITLE          | D | BROWNSTEIN, WINNIE      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           |   |                         |  |
| STREET ADDRESS |   | 806 CYPRESS BLVD        |  |
| CITY-ST-ZIP    |   | POMPANO BEACH, FL 33069 |  |
| TITLE          |   |                         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           |   |                         |  |
| STREET ADDRESS |   |                         |  |
| CITY-ST-ZIP    |   |                         |  |
| TITLE          |   |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |   |                         |  |
| STREET ADDRESS |   |                         |  |
| CITY-ST-ZIP    |   |                         |  |
| TITLE          |   |                         | <input type="checkbox"/> Change <input type="checkbox"/> 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: **S.B. Susan Bloom** **BLOOM, SUSAN** **1/20/03** **954-917-9077**

CR2E037 (10/02)