

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91457 012 \*\*\*150.00

0277250 AV

**DOCUMENT # P02000030901**

1. Entity Name

**CENTER STAGE PERFORMING ARTS COMPETITION, INC.**



Principal Place of Business  
18260 NE 19TH AVE STE 202  
N MIAMI BEACH FL 33162

Mailing Address  
18260 NE 19TH AVE STE 202  
N MIAMI BEACH FL 33162



2. Principal Place of Business

**3389 Sheridan St.**

3. Mailing Address

**3389 Sheridan St.**

Suite, Apt. #, etc.

**PMB 179**

City & State

**Hollywood, FL**

Zip

**33021**

Country

**USA**

Suite, Apt. #, etc.

**PMB 179**

City & State

**Hollywood, FL**

Zip

**33021**

Country

**USA**

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

**01-0754049**

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ROSENFELD, ALEXANDER M**  
**18260 NE 19TH AVE STE 202**  
**N MIAMI BEACH FL 33162**

7. Name and Address of New Registered Agent

Name **Mark D. Warshaver, CPA**  
Street Address (P.O. Box Number is Not Acceptable) **12169 Sheridan St.**

City

**Hollywood**

FL

Zip Code

**33026**

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 **Mark D. Warshaver CPA**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**3/12/2003**

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
NAME **ATHERTON, TRACIE**  
STREET ADDRESS **18260 NE 19TH AVE STE 202**  
CITY-ST-ZIP **N MIAMI BEACH FL 33162**

TITLE **DST** ☐ Delete  
NAME **DUFFY, LORI**  
STREET ADDRESS **18260 NE 19TH AVE STE 202**  
CITY-ST-ZIP **N MIAMI BEACH FL 33162**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **3389 Sheridan St. PMB 179**  
CITY-ST-ZIP **Hollywood FL 33021**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **3389 Sheridan St. PMB 179**  
CITY-ST-ZIP **Hollywood, FL 33021**

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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 607, 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: **Tracie Atherton** **5-1-03 95485-5071**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)