

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT #** P98000032944

1. Entity Name

SOUTHERN ARTS MANAGEMENT CORPORATION

Principal Place of Business

Mailing Address

1132 VALENCIACORAL GABLES, FL 33134

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

05-0832174

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

Name ELLIE SCHNEIDERMAN

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

1132 VALENCIACity CORAL GABLES

FL

Zip Code 33134

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

Ellie Schneider

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

(NOTE: Registered Agent signature required when amending)

10/23/01

Date

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE DIRECTOR/PRESIDENT ☐ Delete
NAME ELLIE SCHNEIDERMAN
STREET ADDRESS 1132 VALENCIA
CITY-ST-ZIP CORAL GABLES, FL 33134TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X/E/Schneider10/23/01

FILED

01 DEC -7 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-12/19/01--01061--004

****150.00 ****150.00

DO NOT WRITE IN THIS SPACE

10f2

20F2

Southern Arts Management Corporation
1132 Valencia
Coral Gables, Florida 33134

October 23, 2001

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Southern Arts Management
Document Number: P98000032944

To Whom It May Concern:

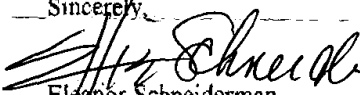
We respectfully request that you abate the penalty for reinstatement due to the following reasons.

The address of the corporation was changed and the mail forwarding had expired. Our prior accountant took care of all our filing matters and this was apparently overlooked during our change.

We ask that you please take the above situation into consideration upon your determination.

Thank you in advance for your prompt attention to this matter.

Sincerely,


Eleanor Schneiderman
President

Enclosures