1 of 2

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000032944

1. Entity Name
SOUTHERN ARTS MANAGEMENT CORPORATION

FILED
01 DEC -7 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900004733179--9
-12/19/01--01061--004
****150.00 ****150.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1132 VALENCIA CORAL 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 65-0832174 ☐ 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
~~ROSSZ-FIU-CORPORATION~~ 200 S BISCAYNE BLVD, 20th FLOOR MIAMI, FL 33131	Name ELLIE SCHNEIDERMAN Street Address (P.O. Box Number is Not Acceptable) 1132 VALENCIA City 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 [signature] 10/23/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

[illegible]

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR/PRESIDENT ELLIE SCHNEIDERMAN 1132 VALENCIA CORAL GABLES, FL 33134	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (11/00)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X [signature] 10/23/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

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