

**2000 UNIFORM BUSINESS REPORT (UBR)**

3/

**DOCUMENT # 710630**

**FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**

03-07-2000 90064 027 \*\*\*\*61.25

1. Entity Name

**MIAMI BEACH BAR ASSOCIATION**

Principal Place of Business

Mailing Address

C/O AARON R. SOBEL  
 420 LINCOLN RD. #370  
 MIAMI BEACH FL 33139  
 US

C/O AARON R. SOBEL  
 420 LINCOLN RD. #370  
 MIAMI BEACH FL 33139-3014  
 US

2. Principal Place of Business

c/o BRIAN J. GILLER, ESQ.,  
 Suite, Apt. #, etc.  
 975 ARTHUR GODFREY RD, PH 1

3. Mailing Address

c/o BRIAN J. GILLER, ESQ.,  
 Suite, Apt. #, etc.  
 975 ARTHUR GODFREY RD, PH 1

City & State

MIAMI BEACH FL

City & State

MIAMI BEACH FL

4. FEI Number

**59-2291789**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

SOBEL, AARON R  
 420 LINCOLN RD. STE. 370  
 MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name **BRIAN J. GILLER, ESQ.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**975 ARTHUR GODFREY ROAD**  
**PENTHOUSE 1**  
 City **MIAMI BEACH** FL Zip Code **33140**

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]* **BRIAN J GILLER**

**JAN 18 2000**

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

TITLE	TD	<input type="checkbox"/> Delete
NAME	REICH, BRUCE S.	
STREET ADDRESS	1111 LINCOLN RD #802	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HERTZ, STEPHEN G	
STREET ADDRESS	767 ARTHUR GODFREY ROAD	
CITY-ST-ZIP	MIAMI BCH. FL 33140	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SOBEL, AARON R	
STREET ADDRESS	420 LINCOLN ROAD, SUITE 370	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	PE	<input type="checkbox"/> Delete
NAME	GILLER, BRIAN J.	
STREET ADDRESS	975 ARTHUR GEOFARY RD. PH	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ALSCHULER, DAVID	
STREET ADDRESS	1401 N.W. 17TH AVE.	
CITY-ST-ZIP	MIAMI BCH FL 33125	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	GIMENEZ, BARABARA B.	
STREET ADDRESS	420 LINCOLN ROAD, SUITE 600	
CITY-ST-ZIP	MIAMI BEACH FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD	President & Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRIAN J. GILLER, ESQ.	
STREET ADDRESS	975 Arthur Godfrey Road, Penthouse 1	
CITY-ST-ZIP	Miami Beach, FL 33140-3329	
TITLE PE/D	President-Elect & Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUCE S. REICH, ESQ.	
STREET ADDRESS	1111 Lincoln Road, Penthouse 802	
CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE 1st PD	1st Vice President & Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEDRO A. COFINO, ESQ.	
STREET ADDRESS	407 Lincoln Road, Suite 2B	
CITY-ST-ZIP	Miami Beach, FL 33139-3018	
TITLE 2nd PD	2nd Vice President & Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPHEN G. HERTZ, Esq.	
STREET ADDRESS	767 Arthur Godfrey Road, Penthouse 1	
CITY-ST-ZIP	Miami Beach, FL 33140-3413	
TITLE TD	Treasurer & Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MITCHELL S. ZEIGER, Esq.	
STREET ADDRESS	16625 SW 74 Court	
CITY-ST-ZIP	Miami, FL 33157-3873	
TITLE SD	Secretary & Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOY B. SPILL	
STREET ADDRESS	9100 South Dadeland Boulevard, Suite 504	
CITY-ST-ZIP	Miami, FL 33156-7815	

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 life empowered.

SIGNATURE:

*[Signature]* **BRIAN J. GILLER**

**JAN 18 2000**

**305-673-9399**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)