

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 721894

1. Entity Name

MIAMI CHORAL SOCIETY, INC.

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90052 038 ****61.25

Principal Place of Business 1533 SUNSET DR STE 215 CORAL GABLES FL 33143 US	Mailing Address 1533 SUNSET DR STE 215 CORAL GABLES FL 33143-5700 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 23-7250811	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

LOUMIET, LUCRECIA
1033 ANASTASIA AVE.
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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 PCD	<input type="checkbox"/> Delete
NAME BROOKES, ROBERT	
STREET ADDRESS 95 W MCINTYRE ST	
CITY-ST-ZIP KEY BICAYNE FL 33149	
TITLE SD	<input type="checkbox"/> Delete
NAME FISHER, DEBORAH	
STREET ADDRESS 13040 SW 70 AVE	
CITY-ST-ZIP MIAMI FL 33156	
TITLE VDT	<input type="checkbox"/> Delete
NAME LOUMIET, JUAN P.	
STREET ADDRESS 1221 BRICKELL	
CITY-ST-ZIP MIAMI FL 33131	
TITLE D	<input type="checkbox"/> Delete
NAME M. CRISTINA DE LA VEGA	
STREET ADDRESS 44 W FLAGLER ST	
CITY-ST-ZIP MIAMI FL 33130	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME BERGMAN, MARY	
STREET ADDRESS 8577 SW 112 ST	
CITY-ST-ZIP MIAMI FL 33156	
TITLE D	<input type="checkbox"/> Delete
NAME SHARP, TIMOTHY	
STREET ADDRESS 11435 SW 109TH RD #46A	
CITY-ST-ZIP MIAMI FL 33176	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Brookes, Robert	
STREET ADDRESS 701 Brickell Avenue, Suite 1200	
CITY-ST-ZIP Miami, FL 33131	
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	
TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Stickney, Timothy P.	
STREET ADDRESS 104 Crandon Blvd., Suite 309	
CITY-ST-ZIP Key Biscayne, FL 33149	
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: ~~SIGNATURE REQUIRED~~ **Robert Brookes** **March 1, 2000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)

