5/27

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Jun 24, 2002 8:00 am
Secretary of State
05-27-2002 90419 016 ****70.00

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 726093

1. Entity Name

ZOOLOGICAL SOCIETY OF FLORIDA

DO NOT WRITE IN THIS SPACE

36697

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2. Principal Place of Business	3. Mailing Address
12400 SW 152nd Street	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami FL	City & State
Zip: 33177 Country: USA	Zip Country

4. FEI Number: 59-6192814 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Ekey, Glenn W.
Street Address (P.O. Box Number is Not Acceptable): 12400 SW 152nd Street
City: Miami FL Zip Code: 33177

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] 5/3/2002
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Due by May 1 ... UBR

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	P
NAME	Licciardi, Daniel J.
STREET ADDRESS	3500 NW 37th Avenue
CITY-ST-ZIP	Miami FL 33142
TITLE	T
NAME	Gross, Jorge A.
STREET ADDRESS	200 S Biscayne Blvd. Suite 700
CITY-ST-ZIP	Miami, FL 33131-2330
TITLE	V
NAME	Soto, Edward
STREET ADDRESS	701 Brickell Avenue Suite 2100
CITY-ST-ZIP	Miami FL 33131
TITLE	DgS
NAME	Ekey, Glenn W.
STREET ADDRESS	12400 SW 152nd Street
CITY-ST-ZIP	Miami FL 33177
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 6/12/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #