

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **752873**

1. Entity Name

MIAMI ART MUSEUM OF DADE COUNTY ASSOCIATION, INC

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90051 019 ****70.00

| | |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------|
| Principal Place of Business 101 W FLAGLER ST MIAMI FL 33130-1504 | Mailing Address 101 W FLAGLER ST MIAMI FL 33130-1504 |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------|



DO NOT WRITE IN THIS SPACE

| | | | |
|--------------------------------|---------|---------------------|---------|
| 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 59-2048869 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

**MCGUIGAN, THOMAS R., P.A.
 200 S. BISCAYNE BLVD.
 SUITE 4000
 MIAMI FL 33131-2398**

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 _____
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. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make Check Payable to Department of State |
|-------------------------------------|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|

10. OFFICERS AND DIRECTORS

| | |
|----------------|-------------------------------------------|
| TITLE | T <input type="checkbox"/> Delete |
| NAME | OREN, NEDRA |
| STREET ADDRESS | 3526 BAYSHORE VILLAS DR |
| CITY-ST-ZIP | COCONUT GROVE FL |
| TITLE | TD <input type="checkbox"/> Delete |
| NAME | LANTAFF, COURT |
| STREET ADDRESS | 4050 ANDERSON ROAD |
| CITY-ST-ZIP | CORAL GABLES FL 33146 |
| TITLE | T <input type="checkbox"/> Delete |
| NAME | PODHURST, AARON |
| STREET ADDRESS | 16200 W PRESTWICK PLACE |
| CITY-ST-ZIP | MIAMI LAKES FL |
| TITLE | T <input type="checkbox"/> Delete |
| NAME | GREENE, ROSE ELLEN |
| STREET ADDRESS | 201 SOLANO PRADO |
| CITY-ST-ZIP | CORAL GABLES FL |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | DELEHANTY, SUZANNE |
| STREET ADDRESS | 1541 BRICKELL AVE., APT A602 |
| CITY-ST-ZIP | MIAMI FL |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|----------------|-------------------------------------------------------------------|
| 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 | <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 | <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: *Suzanne Delehanty* **03/22/00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)