

# 2000 UNIFORM BUSINESS REPORT (UBR)

AMENDED

APPROVAL  
AND  
FILED

00 AUG 21 AM 10:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



8/31/00 DO NOT WRITE IN THIS SPACE  
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DOCUMENT # 752873

Entity Name  
MIAMI ART MUSEUM OF DADE COUNTY ASSOCIATION, INC

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

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 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

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

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

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, 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

OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

ST- ZIP	TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	Change	Addition
T		OREN, NEDRA	3526 BAYSHORE VILLAS DR	COCONUT GROVE FL	<input type="checkbox"/>	Delete
TD		LANTAFF, COURT	4050 ANDERSON ROAD	CORAL GABLES FL 33146	<input checked="" type="checkbox"/>	Delete
T		PODHURST, AARON	16200 W PRESTWICK PLACE	MIAMI LAKES FL	<input type="checkbox"/>	Delete
T		GREENE, ROSE ELLEN	201 SOLANO PRADO	CORAL GABLES FL	<input type="checkbox"/>	Delete
D		DELEHANTY, SUZANNE	1541 BRICKELL AVE., APT A602	MIAMI FL	<input type="checkbox"/>	Delete
T		Cisneros, Carlos E.	7 Palm Avenue	Miami Beach, FL 33139	<input type="checkbox"/>	Change <input checked="" type="checkbox"/> Addition
TD		Powell, Norman C.	320 Grand Concourse	Miami Shores, FL 33138	<input type="checkbox"/>	Change <input checked="" type="checkbox"/> Addition
					<input type="checkbox"/>	Change <input type="checkbox"/> Addition
					<input type="checkbox"/>	Change <input type="checkbox"/> Addition

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 reported 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 of 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* July 28, 2000 305.375.3000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Suzanne Delehanty, Director

CR2E037 (9/99)