

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90031 027 ****70.00

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DOCUMENT # 752873

1. Entity Name

MIAMI ART MUSEUM OF DADE COUNTY ASSOCIATION, INC

Principal Place of Business

Mailing Address

101 W FLAGLER ST
 MIAMI FL 33130-1504

101 W FLAGLER ST
 MIAMI FL 33130-1504

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

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

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

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.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	POWELL, NORMAN C	
STREET ADDRESS	320 GRAND CONCOURSE	
CITY-ST-ZIP	MIAMI SHORES FL 33138	
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	T	<input type="checkbox"/> Delete
NAME	CISNEROS, CARLOS E	
STREET ADDRESS	7 PALM AVE.	
CITY-ST-ZIP	MIAMI BEACH FL 33139	

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
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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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/01

(305) 3375-3000

Date

Daytime Phone #

CR2E037 (10/00)