

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 21, 2003 8:00 am**  
**Secretary of State**

03-21-2003 90119 048 \*\*\*\*70.00

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**DOCUMENT # 752873**

1. Entity Name  
**MIAMI ART MUSEUM OF DADE COUNTY ASSOCIATION, INC**



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

Mailing Address  
**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

4. FEI Number **59-2048869**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES



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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	<b>T</b>	<b>OREN, NEDRA</b>	<b>3526 BAYSHORE VILLAS DR COCONUT GROVE FL</b>		<b>VP</b>		
	<b>TD</b>	<b>POWELL, NORMAN C</b>	<b>320 GRAND CONCOURSE MIAMI SHORES FL 33138</b>				
	<b>T</b>	<b>PODHURST, AARON</b>	<b>16200 W PRESTWICK PLACE MIAMI LAKES FL</b>				
	<b>ST</b>	<b>MEYERHOFF GREENE, ROSE ELLEN</b>	<b>201 SOLANO PRADO CORAL GABLES FL 33156</b>				
	<b>D</b>	<b>DELEHANTY, SUZANNE</b>	<b>1541 BRICKELL AVE., APT A602 MIAMI FL</b>				
	<b>ST</b>	<b>IBARGUEN, SUSANA L</b>	<b>3 GROVE ISLE #202 COCONUT GROVE FL 33133</b>		<b>P</b>		

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** *[Signature]* **2/12/03 305 375-1701**

CR2E037 (10/02)