

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90009 029 ****70.00

DOCUMENT # 756302

1. Entity Name

MIAMI BEACH COMMUNITY DEVELOPMENT CORPORATION, I

Principal Place of Business

1205 DREXEL AVENUE, 2ND FL
 MIAMI BEACH FL 33139-8207

Mailing Address

1205 DREXEL AVENUE, 2ND FL
 MIAMI BEACH FL 33139-8207

2. Principal Place of Business

945 PENNSYLVANIA AVE
 Suite, Apt. #, etc.

3. Mailing Address

945 PENNSYLVANIA AVE
 Suite, Apt. #, etc.

City & State

MIAMI BEACH, FL

City & State

MIAMI BEACH, FL

Zip

33139

Country

Zip

33139

Country

4. FEI Number

59-2110264

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DATORRE, ROBERTO
 1205 DREXEL AVE. 2ND FLOOR
 MIAMI BEACH FL FL 33139

7. Name and Address of New Registered Agent

Name **DATORRE, ROBERTO**
 Street Address (P.O. Box Number is Not Acceptable)
945 PENNSYLVANIA AVE
 City **MIAMI BEACH** FL Zip Code **33139**

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

TITLE **D** ☐ Delete
 NAME **LIOTTA, LISA**
 STREET ADDRESS **230 COLLINS AVE 6B**
 CITY-ST-ZIP **MIAMI FL 33139**

TITLE **D** ☐ Delete
 NAME **DATORRE, ROBERTO**
 STREET ADDRESS **410 16TH ST**
 CITY-ST-ZIP **MIAMI FL 33139**

TITLE **D** ☐ Delete
 NAME **SINE, DAVID**
 STREET ADDRESS **334 WASHINGTON AVE**
 CITY-ST-ZIP **MIAMI FL 33139**

TITLE **D** ☐ Delete
 NAME **TOMLIN, DON**
 STREET ADDRESS **238 SAN MARION D**
 CITY-ST-ZIP **MIAMI FL 33139**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P.V.** ☐ Change ☒ Addition
 NAME **KENNEDY, KARL**
 STREET ADDRESS **945 PENNSYLVANIA AVE**
 CITY-ST-ZIP **MIAMI BEACH, FL 33139**

TITLE **ASSISTANT TREASURER** ☐ Change ☒ Addition
 NAME **GANCEDO, JOSE**
 STREET ADDRESS **945 PENNSYLVANIA AVE**
 CITY-ST-ZIP **MIAMI BEACH, FL 33139**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE OF ROBERTO DATORRE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/19/01
305 580090

CR2E037 (10/00)