

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

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90207 030 \*\*\*\*70.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                             |                                                                                     |                                                                   |                                                                                                                 |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # 756302</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                             |                                                                                     |                                                                   |                                |  |
| 1. Entity Name<br><b>MIAMI BEACH COMMUNITY DEVELOPMENT CORPORATION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                             |                                                                                     |                                                                   |                                                                                                                 |  |
| Principal Place of Business<br><b>945 PENNSYLVANIA AVE<br/>MIAMI FL 33139</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                             |                                                                                     | Mailing Address<br><b>945 PENNSYLVANIA AVE<br/>MIAMI FL 33139</b> |                                                                                                                 |  |
| 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 <b>59-2110264</b>                                                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                             |                                                                                     |                                                                   | <input type="checkbox"/> CHECK HERE IF MAKING CHANGES<br>Applied For<br><input type="checkbox"/> Not Applicable |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                             |                                                                                     |                                                                   |                                                                                                                 |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                             |                                                                                     | 7. Name and Address of New Registered Agent                       |                                                                                                                 |  |
| <b>DATORRE, ROBERTO</b><br><b>945 PENNSYLVANIA AVE</b><br><b>MIAMI FL 33139</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                             |                                                                                     | 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                             |                                                                                     |                                                                   |                                                                                                                 |  |
| FILE NOW: FEE IS \$61.25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                             | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                   | <b>\$5.00 May Be Added to Fees</b><br><b>Make Check Payable to Florida Department of State</b>                  |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                             |                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10             |                                                                                                                 |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>D</b>                    | <input type="checkbox"/> Delete                                                     | TITLE                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                               |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>DATORRE, ROBERTO</b>     |                                                                                     | NAME                                                              |                                                                                                                 |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>410 16TH ST</b>          |                                                                                     | STREET ADDRESS                                                    |                                                                                                                 |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>MIAMI FL 33139</b>       |                                                                                     | CITY-ST-ZIP                                                       |                                                                                                                 |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>D</b>                    | <input checked="" type="checkbox"/> Delete                                          | TITLE                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                               |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>SINE, DAVID</b>          |                                                                                     | NAME                                                              | <b>PLAUSKY, LINDA</b>                                                                                           |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>334 WASHINGTON AVE</b>   |                                                                                     | STREET ADDRESS                                                    |                                                                                                                 |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>MIAMI FL 33139</b>       |                                                                                     | CITY-ST-ZIP                                                       |                                                                                                                 |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>D</b>                    | <input type="checkbox"/> Delete                                                     | TITLE                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                               |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>TOMLIN, DON</b>          |                                                                                     | NAME                                                              |                                                                                                                 |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>238 SAN MARION D</b>     |                                                                                     | STREET ADDRESS                                                    |                                                                                                                 |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>MIAMI FL 33139</b>       |                                                                                     | CITY-ST-ZIP                                                       |                                                                                                                 |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>PV</b>                   | <input type="checkbox"/> Delete                                                     | TITLE                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                               |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>KENNEDY, KARL</b>        |                                                                                     | NAME                                                              |                                                                                                                 |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>945 PENNSYLVANIA AVE</b> |                                                                                     | STREET ADDRESS                                                    |                                                                                                                 |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>MIAMI FL 33139</b>       |                                                                                     | CITY-ST-ZIP                                                       |                                                                                                                 |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>AT</b>                   | <input type="checkbox"/> Delete                                                     | TITLE                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                               |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>WOOD, RICHARD</b>        |                                                                                     | NAME                                                              |                                                                                                                 |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>945 PENNSYLVANIA AVE</b> |                                                                                     | STREET ADDRESS                                                    |                                                                                                                 |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>MIAMI FL 33139</b>       |                                                                                     | CITY-ST-ZIP                                                       |                                                                                                                 |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                             | <input type="checkbox"/> Delete                                                     | TITLE                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                               |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                             |                                                                                     | NAME                                                              |                                                                                                                 |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                             |                                                                                     | STREET ADDRESS                                                    |                                                                                                                 |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                             |                                                                                     | 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: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                             | <b>SIGNATURE REQUIRED</b>                                                           |                                                                   | Date: <b>4/26/03</b> Daytime Phone #: <b>305-538-0090</b>                                                       |  |

CR2E037 (10/02)