

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2000 8:00 am**  
**Secretary of State**

04-29-2000 90029 001 \*\*\*211.25

**DOCUMENT # C93000000015**

1. Entity Name

**FRIENDS OF CHAMBER MUSIC OF MIAMI, INC.**

Principal Place of Business

~~169 EAST~~  
~~44 WEST FLAGLER STREET~~  
~~SUITE 1725 1619~~  
~~MIAMI FL 33130~~  
**233131**

Mailing Address

~~169 EAST~~  
~~44 WEST FLAGLER STREET~~  
~~SUITE 1725 1619~~  
~~MIAMI FL 33130~~  
**33131**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-0996022**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**KREEGER, JULIAN H**  
~~44 WEST FLAGLER STREET~~  
~~SUITE 1725 1619~~  
~~MIAMI FL 33130~~  
**33131**

**169 EAST FLAGLER ST**

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

*Julian H Kreger*

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	P/D	<input type="checkbox"/> Delete
NAME	KREEGER, JULIAN H	
STREET ADDRESS	<del>44 W. FLAGLER STREET</del> <b>169 East Flagler St</b>	
CITY-ST-ZIP	<del>MIAMI FL 33130</del> <b>33131</b>	
TITLE	T/D	<input type="checkbox"/> Delete
NAME	MARGOLIUS, EDITH	
STREET ADDRESS	1506 S.W. 23RD STREET	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	S/D	<input type="checkbox"/> Delete
NAME	AJMONE-MARSAN, ROSETTA	
STREET ADDRESS	44 W. FLAGLER ST.	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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
NAME		
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NAME		
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 empowerment.

SIGNATURE:

*Julian H Kreger*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/24/00**  
 Date

Daytime Phone #

CR2E037 (9/99)