2003 NOT-FOR-PROFIT CORPORATION

Mailing Address 5360 SW 87 AVENUE

MIAMI FL 33165

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N0000003446 1. Entity Name MIAMI CIVIC MUSIC ASSOCIATION, INC.

Principal Place of Business

2. Principal Place of Business

Country

MIAMI CORPORATE SYSTEMS, INC.

283 CATALONIA AVENUE

CORAL GABLES FL 33134

the obligations of registered agent.

changed, or on an attachmer

SIGNATURE:

6. Name and Address of Current Registered Agent

Suite, Apt. #, etc.

City & State

2ND FLOOR

SIGNATURE

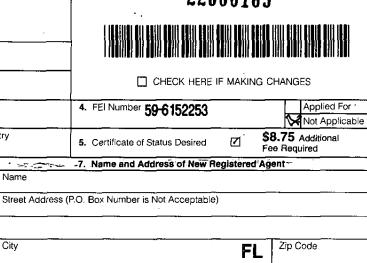
Zip

5360 SW 87 AVENUE MIAMI FL 33165



02-03-2003 90137 031 ****70.00

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305-271-8

	Signature, typed or printed name of registered agent and title if applic	cable. (NOTE: F	Registered Agent signa	ature required when reinstating)	DATE		
FILE MUNY: FEE 15 AD 1.75			lection Campaign Financing \$5.00 May Be ust Fund Contribution.		Make Check Payable to Florida Department of State		
10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES T		RECTORS IN	10
TITLE NAME STREET ADDRESS	DP SACKSTEIN, ROSALINA DRA 5360 SW 87 AVENUE	☐ Delete	TITLE NAME STREET ADDRESS	Vice President, En Diana Manzano Fec 5219 alhambra		☐ Change	Addition
CITY-ST-ZIP	MIAMI FL 33165		CITY-ST-ZIP	Coral Gables, Fl. 33	146		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SACKSTEIN, HAROLD 5360 SW 87 AVENUE MIAMI FL 33165	☐ Delete	TITLE NAME STREET ADDRESS - CITY-ST-ZIP = ""	Vice President, He ana Lauda Raseo 9375 Balada St. Goral Gables, Fl. 33	mbership	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT AGUIRRE, AIDA 8451 SW 85 STREET MIAMI FL 33143	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Jose Luis Ferre 9824 NE 54 Que. 1 Miami Shores, Fl. 3	Rd.	☐ Change	Addition
TITLE Name Street address City-St-Zip	D CONDE, ELSA 7873 SW 40 STREET MIAMI FL 33155	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Eileen Hoffman 5731 SW 45th Tor Miami, Fl. 33155		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, PHILIP 6225 NW 85 STREET MIAMI FL 33143	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Dr. Jay B. Hess 7421 Migler Dr. Miami, Fl 33165		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOPICO, ELVIRA 1400 SW 90 AVENUE MIAMI FL 33174	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Natalic Lyons 1010 andora ave. Oncal Cables Fl.33	3146	☐ Change	

12. I hereby certify that the information supplied with this filing coes 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 its report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

Country

City

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