

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2000 8:00 am
Secretary of State
 04-14-2000 90121 016 ****61.25

DOCUMENT # N30456

1. Entity Name
MIAMI LIGHT PROJECT, INC.

Principal Place of Business Mailing Address

3000 BISCAYNE BLVD
STE 100
MIAMI FL 33137
US

PO BOX 402501
MIAMI BCH FL 33140-0501
US

3000 Biscayne Blvd.
ste. 100
Miami FL
33137



DO NOT WRITE IN THIS SPACE

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 **65-0107810** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

MCINTYRE, EDWARD
BUNNELL WOULFE KIRSCHBAUM
888 E LAS OLAS BOULEVARD #400
FT. LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

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 _____
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	DT	<input checked="" type="checkbox"/> Delete
NAME	KAHN, JULIE	
STREET ADDRESS	1198 VENERIAN WAY #311	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	DC	<input type="checkbox"/> Delete
NAME	BERNSTEIN, ANDY	
STREET ADDRESS	3310 LEJEUNE ROAD	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	DP	<input type="checkbox"/> Delete
NAME	MCINTYRE, EDWARD	
STREET ADDRESS	1076 NE 98 STREET	
CITY-ST-ZIP	MIAMI SHORES FL 33138	
TITLE	DT	<input type="checkbox"/> Delete
NAME	BOONE, ELIZABETH	
STREET ADDRESS	1455 N. TREASURE DR #5M	
CITY-ST-ZIP	MIAMI FL 33141	
TITLE	DS	<input type="checkbox"/> Delete
NAME	KJELGAARD, ROBERTA	
STREET ADDRESS	10073 BAY HARBR TER	
CITY-ST-ZIP	MIAMI FL 33154	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bernstein, Andy	
STREET ADDRESS	200 S.W. Biscayne Blvd. Suite 1900	
CITY-ST-ZIP	Miami, FL 33131	
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		
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 empowered.

SIGNATURE: *Elizabeth Boone* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **4-1** **305 576 4352**

CR2E037 (9/99)