

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 29, 2001 8:00 am**  
**Secretary of State**

06-29-2001 90003 035 \*\*\*\*61.25

**DOCUMENT # N30456**

1. Entity Name

**MIAMI LIGHT PROJECT, INC.**

*(Handwritten initials)*

Principal Place of Business

3000 BISCAYNE BLVD  
 STE 100  
 MIAMI FL 33137  
 US

Mailing Address

3000 BISCAYNE BLVD  
 STE 100  
 MIAMI FL 33137  
 US

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
DC	BERNSTEIN, ANDY	200 S.W. BISCAYNE BLVD SUITE 1900	MIAMI FL 33131	<input type="checkbox"/>	<input type="checkbox"/>
DP	MCINTYRE, EDWARD	1076 NE 98 STREET	MIAMI SHORES FL 33138	<input type="checkbox"/>	<input type="checkbox"/>
DT	BOONE, ELIZABETH	1455 N. TREASURE DR #5M	MIAMI FL 33141	<input type="checkbox"/>	<input type="checkbox"/>
DS	KJELGAARD, ROBERTA	10073 BAY HARBR TER	MIAMI FL 33154	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

*(Handwritten signature)*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)