

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


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91904 021 ****61.25

0029631

DOCUMENT # N35308

1. Entity Name
THE MIAMI SYMPHONY ORCHESTRA/ORQUESTA SINFONICA DE MIAMI, INC.



Principal Place of Business Mailing Address

10661 N KENDALL DR **10661 N KENDALL DR**
206-A **206-A**
MIAMI FL 33176 **MIAMI FL 33176**
US **US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business 3. Mailing Address

10300 SW 72nd Street *10300 SW 72nd Street*

Suite, Apt. #, etc. Suite, Apt. #, etc.

Suite 499 *Suite 499*

City & State City & State

MIAMI FL *MIAMI FL*

4. FEI Number **65-0165057** Applied For
Not Applicable

Zip Country Zip Country

33173 *US* *33173* *US*

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

6. Name and Address of Current Registered Agent

OCHOA, MANUEL T.
6130 SW 92 AVE
MIAMI FL 33173

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ State **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 _____ DATE *4/30/03*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | OCHOA, MANUEL T. | |
| STREET ADDRESS | 6130 SW 92 AVE | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | CD | <input type="checkbox"/> Delete |
| NAME | RAFAEL DIAZ-BALART | |
| STREET ADDRESS | 501 BRICKELL KEY DR #500 | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | OCHOA, M. SOFIA | |
| STREET ADDRESS | 6130 SW 92 AVE | |
| CITY-ST-ZIP | MIAMI FL | |
| 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 | | |

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 type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: *[Signature]* **SIGNATURE REQUIRED** *H-30-03* *305-275-5666*

CR2E037 (10/02)