

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N44566

1. Entity Name

PERFORMING ARTS CENTER TRUST, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90872 018 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business C/O METRO DADE CULTURAL AFFAIRS COUNCIL 111 NW 1 STREET # 625 MIAMI FL 33128 US	Mailing Address 111 NW 1 STREET #625 MIAMI FL 33128-1903 US
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2. Principal Place of Business 1444 Biscayne Boulevard Suite, Apt. #, etc. Suite 303	3. Mailing Address 1444 Biscayne Boulevard Suite, Apt. #, etc. Suite 303
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City & State Miami, Florida	City & State Miami, Florida
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Zip 33132	Country USA	Zip 33132	Country USA
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4. FEI Number 65-0353695	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

THOMSON, PARKER D.
C/O MIAMI-DADE CULTURAL AFFAIRS COUNCIL
111 NW 1 STREET, #625
MIAMI FL 33128

7. Name and Address of New Registered Agent

Name
Thomson, Parker D.

Street Address (P.O. Box Number is Not Acceptable)
1444 Biscayne Boulevard, Suite 303

City
Miami

FL Zip Code
33132

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 **Parker D. Thomson**

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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMSON, PARKER 1 S.E. 3RD AVENUE, SUITE #1700 MIAMI FL 33128	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HERRON, JAMES 111 N.W. 1ST. ST. #625 MIAMI FL 33128	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD NICHOLS, FLORENE 111 N.W. 1ST. ST. #625 MIAMI FL 33128	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT DE ONA, LAURA 111 NW 1ST ST. #625 MIAMI FL 33128	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILSON, DAVID 111 NW 1 STREET, #625 MIAMI FL 33128	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEVINE, I. STANLEY 111 NW 1ST ST. #625 MIAMI FL 33128	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* **4-28-00** **(305) 372-7611**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)