

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 29, 2000 8:00 am**  
**Secretary of State**

08-29-2000 90188 018 \*\*\*\*61.25

**DOCUMENT # N99000002543**

1. Entity Name f

**MIAMI BEACH ARTS TRUST, INC.**

Principal Place of Business	Mailing Address
1700 CONVENTION CENTER DR. 4TH FLOOR MIAMI BEACH FL 33139	1700 CONVENTION CENTER DR. 4TH FLOOR MIAMI BEACH FL 33139-1819

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0944084</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**LEVY, LAWRENCE A**  
**1700 CONVENTION CENTER DR. 4TH FLOOR**  
**MIAMI BEACH FL 33139**

**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: **LAWRENCE A. LEVY** **AUGUST 25, 2000**

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 NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>SAULS, STEPHEN A</b> <b>1700 CONVENTION CENTER DR. 4TH FLOOR</b> <b>MIAMI BEACH FL 33139</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>WHITMAN, DAVID</b> <b>1700 CONVENTION CENTER DR. 4TH FLOOR</b> <b>MIAMI BEACH FL 33139</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>DST</del> <input type="checkbox"/> Delete <b>LEVY, LAWRENCE A</b> <b>1700 CONVENTION CENTER DR. 4TH FLOOR</b> <b>MIAMI BEACH FL 33139</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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

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: **DAVID WHITMAN** **25 AUG 00** **3056732787**

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

CR2E037 (9/99)