## **2000 UNIFORM BUSINESS REPORT (UBR)**

# DOCUMENT # N99000004029

## MIAMI CARNIVAL, INC.

18425 N.W. 2ND AVENUE, SUITE 335

Principal Place of Business

Mailing Address

MIAMI FL 33169

18425 N.W. 2ND AVENUE, SUITE 335

MIAMI FL 33169-4525

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

**FILED** Mar 04, 2000 8:00 am Secretary of State

03-04-2000 90012 035 \*\*\*\*61.25

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|                                                                        |             |                                 |                                                       |                                                       |                                                                   |                                                                                  | 878   8686   887   8851 <b>28</b> 11   8814   8817   <b>88</b> 1 |                | /818   821   481 |               |
|------------------------------------------------------------------------|-------------|---------------------------------|-------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|----------------------------------------------------------------------------------|------------------------------------------------------------------|----------------|------------------|---------------|
| 2. Principal Place of Business                                         |             | 3. Mailing Addre                | 3. Mailing Address  Suite, Apt. #, etc.  City & State |                                                       |                                                                   | DO NOT WRITE IN THIS SPACE  4. FEI Number 65-0932385  Applied For Not Applicable |                                                                  |                |                  |               |
| Suite, Apt. #, etc.  City & State                                      |             |                                 |                                                       |                                                       |                                                                   |                                                                                  |                                                                  |                |                  | Suite, Apt. # |
|                                                                        |             |                                 |                                                       |                                                       |                                                                   |                                                                                  |                                                                  |                |                  | City & State  |
| Zip                                                                    | Country Zip |                                 |                                                       | Co                                                    | ountry                                                            | 5. Certificate of Status Desired S8.75 Addition Fee Required                     |                                                                  |                |                  |               |
| 6. Name and Address of Current Registered Agent                        |             |                                 |                                                       |                                                       | 7. Name and Address of New Registered Agent                       |                                                                                  |                                                                  |                |                  |               |
|                                                                        |             |                                 |                                                       |                                                       | Name                                                              |                                                                                  |                                                                  |                |                  |               |
| D'ARCY, KATHRYN<br>210-174TH STREET, UNIT 1407<br>MIAMI BEACH FL 33160 |             |                                 |                                                       |                                                       | Street Address (P.O. Box Number is Not Acceptable)  City Zip Code |                                                                                  |                                                                  |                |                  |               |
|                                                                        |             |                                 |                                                       |                                                       | \ \text{Only}                                                     |                                                                                  | FL                                                               | 1 2 9 0 0 0    | <u> </u>         |               |
| SIGNATURE                                                              | FILE        | or printed name of registered a | 9. Election                                           | (NOTE. Registe<br>Campaign Finance<br>d Contribution. |                                                                   | required when reinstating) \$5.00 May Be Added to Fees                           | Make Check F<br>Department                                       | -              |                  |               |
| 10.                                                                    |             | OFFICERS AND                    | DIRECTORS                                             | 11                                                    |                                                                   | ADDITIONS/CHA                                                                    | ANGES TO OFFICERS AND DIF                                        | RECTORS IN     | N 10             |               |
| TITLE                                                                  | D           |                                 |                                                       | elete TIT                                             | LE                                                                |                                                                                  |                                                                  | ☐ Change       | ☐ Addition       |               |
| NAME                                                                   | ASSAM, C    | NADI                            |                                                       | NA NA                                                 | .MF                                                               |                                                                                  |                                                                  |                | ~                |               |
| STREET ADDRESS                                                         |             |                                 | •                                                     |                                                       | REET ADDRESS                                                      | DIEACE                                                                           | SEE ATTA                                                         | $A \subset H'$ | モロ               |               |
| CITY-ST-ZIP                                                            |             | RLAKE TRACE #918                |                                                       |                                                       | TY-ST-ZIP                                                         | 1 relize                                                                         | 300 A)   ) F                                                     | , -, -         |                  |               |
|                                                                        | WESTON      | FL 33326                        |                                                       |                                                       |                                                                   |                                                                                  |                                                                  |                | — Addition       |               |
| TITLE                                                                  | D           |                                 |                                                       |                                                       | LE                                                                |                                                                                  |                                                                  | ☐ Change       | Addition         |               |
| NAME                                                                   | WILLIAMS    | , ruthven                       |                                                       |                                                       | ME                                                                |                                                                                  |                                                                  |                |                  |               |
| STREET ADDRESS                                                         | 18425 N.\   | W. 2ND AVENUE, S                | UITE 335                                              |                                                       | REET ADDRESS                                                      | يريا معاريت                                                                      | a                                                                |                |                  |               |
| CITY-ST-ZIP-                                                           | MIAMI FL    |                                 |                                                       | CIT                                                   | TY-ST-ZIP                                                         | <del></del>                                                                      |                                                                  |                |                  |               |
| TITLE                                                                  | D           |                                 |                                                       | elete TIT                                             | 'LE                                                               |                                                                                  |                                                                  | ☐ Change       | ☐ Addition       |               |
| NAME                                                                   | THOMAS,     | ALDWYN                          |                                                       | NA                                                    | ME                                                                |                                                                                  |                                                                  |                |                  |               |
| STREET ADDRESS                                                         | 18425 N.\   | N. 2ND AVENUE. S                | UITE 335                                              | STI                                                   | REET ADDRESS                                                      |                                                                                  |                                                                  |                |                  |               |
| CITY-ST-ZIP                                                            | MIAMI FL    |                                 |                                                       | CIT                                                   | TY-ST-ZIP                                                         |                                                                                  |                                                                  |                |                  |               |
| TITLE                                                                  | D           | <u> </u>                        |                                                       | elete TIT                                             | īLE                                                               |                                                                                  |                                                                  | ☐ Change       | ☐ Addition       |               |
| NAME                                                                   | 1 -         | ., DESMOND                      |                                                       |                                                       | ME                                                                |                                                                                  |                                                                  |                |                  |               |
| STREET ADDRESS                                                         |             | N. 27TH CT.                     |                                                       | STI                                                   | REET ADDRESS                                                      |                                                                                  |                                                                  |                |                  |               |
| CITY-ST-ZIP                                                            | MIAMI FL    |                                 |                                                       | CH                                                    | TY-ST-ZIP                                                         |                                                                                  |                                                                  |                |                  |               |
| TITLE                                                                  | D D         | VVVVV                           |                                                       | elete TIT                                             | '  F                                                              |                                                                                  |                                                                  | ☐ Change       | Addition         |               |
| NAME                                                                   | HILL, MAF   | DI ONI                          | U 🗀                                                   | NA NA                                                 |                                                                   |                                                                                  |                                                                  |                |                  |               |
| STREET ADDRESS                                                         |             |                                 | 2) IITE 1600                                          |                                                       | REET ADDRESS                                                      |                                                                                  |                                                                  |                |                  |               |
| CITY-ST-ZIP                                                            |             | BAYSHORE DRIVE, S               | DUITE TOUT                                            |                                                       | TY-ST-ZIP                                                         |                                                                                  |                                                                  |                |                  |               |
|                                                                        | MIAMI FL    | 33 33                           |                                                       |                                                       |                                                                   |                                                                                  | <del></del>                                                      | Change         | Addition         |               |
| TITLE                                                                  | D           |                                 |                                                       |                                                       |                                                                   |                                                                                  |                                                                  | ☐ Change       |                  |               |
| NAME                                                                   | RAGOO, I    |                                 |                                                       |                                                       | ME<br>DEET ADDOCCO                                                |                                                                                  |                                                                  |                |                  |               |
| STREET ADDRESS                                                         |             | 201 TERRACE                     |                                                       |                                                       | REET ADDRESS                                                      |                                                                                  |                                                                  |                |                  |               |
| CITY-ST-ZIP                                                            | MIAMI FL    | 33179                           |                                                       | CIT                                                   | Y-ST-ZIP                                                          |                                                                                  |                                                                  |                |                  |               |

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.

TRECKAMPREYN



# Miami Carnival, Inc. 50032161

18425 N.W. 2nd Avenue, Suite 335 Miami, Florida 33169 Ph: (305) 653-1877 ❖ Facsimile (305) 653-2433

February 7, 2000

Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Dear Sirs,

Re: Document #N99000004029

Our original Articles of Incorporation listed twelve (12) Directors, of which there are six listed here. Please confirm that all twelve Directors are on file, and please ensure that the six Directors actually shown are:

RAGOONAN, Joan 18715 NW 10 Ct.. Miami, FL 33169

HILL, Marlon 2607 S. Bayshore Drive, Suite 1600 Miami, FL 33133

WILLIAMS, Ruthven 18425 NW 2nd Avenue, Suite 335 Miami, FL 33169 ROBERTS, Sydney 1035 NE 125 Street Miami, FL 33161

ASSAM, Carl 1219 Fairlake Trace, #918 Weston, FL 33326

RAGOO, Francis 1130 NE 201 Terrace Miami, FL 33179

Thank you for your attention to this matter.

Yours very truly,

Kathryn M. D'Arcy Registered Agent