

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90041 027 ****61.25

DOCUMENT # N99000004029

1. Entity Name

MIAMI CARNIVAL, INC.

Principal Place of Business

Mailing Address

18425 N.W. 2ND AVENUE, SUITE 335
 MIAMI FL 33169

18425 N.W. 2ND AVENUE, SUITE 335
 MIAMI FL 33169

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

65-0932385

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

D'ARCY, KATHRYN
210-174TH STREET, UNIT 1407
MIAMI BEACH FL 33160

Name: _____
 Street Address (P.O. Box Number is Not Acceptable)
7910 NW 25th Street, Suite 208
 City **Miami** **FL** Zip Code **33122**

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 *KD Arcy* **Registered Agent** 4/30/01
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	D	<input type="checkbox"/> Delete
NAME	RAGOONAN, JOAN	
STREET ADDRESS	18715 N.W. 10TH COURT	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HILL, MARLON	
STREET ADDRESS	2607 S. BAYSHORE DRIVE SUITE 1600	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAM, RUTHVEN	
STREET ADDRESS	18425 N.W. 2ND AVENUE, SUITE 335	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBERTS, SYDNEY	
STREET ADDRESS	1035 NE 125 STREET	
CITY-ST-ZIP	MIAMI FL 33161	
TITLE	D	<input type="checkbox"/> Delete
NAME	ASSAM, CARL	
STREET ADDRESS	1219 FAIRLAKE TRACE, #918	
CITY-ST-ZIP	WESTON FL 33326	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAGOO, FRANCIS	
STREET ADDRESS	1130 N.E. 201 TERRACE	
CITY-ST-ZIP	MIAMI FL 33179	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, SELMAN	
STREET ADDRESS	18425 NW 2ND AVE., SUITE 335	
CITY-ST-ZIP	MIAMI FL 33169	
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
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: *Selman Lewis* **SIGNATURE REQUIRED** SELMAN LEWIS, DIRECTOR 4/30/01 (305) 653-1877

CR2E037 (10/00)