

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2002 8:00 am
Secretary of State

0026366

DOCUMENT # N99000004029

1. Entity Name

MIAMI CARNIVAL, INC.

03-15-2002 90017 001 ****61.25

Principal Place of Business 18425 N.W. 2ND AVENUE, SUITE 335 MIAMI FL 33169	Mailing Address 18425 N.W. 2ND AVENUE, SUITE 335 MIAMI FL 33169
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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4. FEI Number 65-0932385	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

D'ARCY, KATHRYN
~~7910 NW 25TH ST.~~ **2999 NE 191 ST.**
STE 200 **STE 901**
MIAMI FL 33122 **AVENTURA, FL 33180**

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 *KD Arcy* (NOTE: Registered Agent signature required when reinstating) DATE 1/22/02

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	<input type="checkbox"/> Delete
D RAGOONAN, JOAN 18715 N.W. 10TH COURT MIAMI FL 33169	
C LEWIS, SELMAN 18425 NW 2ND AVE., STE 335 MIAMI FL 33169	<input type="checkbox"/> Delete
D WILLIAM, RUTHVEN 18425 N.W. 2ND AVENUE, SUITE 335 MIAMI FL 33169	<input type="checkbox"/> Delete
D ROBERTS, SYDNEY 1035 NE 125 STREET MIAMI FL 33161	<input type="checkbox"/> Delete
D ASSAM, CARL 1219 FAIRLAKE TRACE, #918 WESTON FL 33326	<input checked="" type="checkbox"/> Delete
D RAGOO, FRANCIS 1130 N.E. 201 TERRACE MIAMI FL 33179	<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
D D'ARCY, KATHRYN 250-181 DR. SUNNY ISLES BEACH, FL 33160	<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: *Kathryn D'Arcy* DATE 2/21/02 DAYTIME PHONE # 305-653-1877

CR2E037 (9/01)