

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 739337

1. Entity Name

DOWNTOWN MIAMI PARTNERSHIP, INC.

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

02-04-2000 90008 043 \*\*\*\*70.00

Principal Place of Business

25 S.E. SECOND AVENUE  
SUITE #1007  
MIAMI FL 33131  
US

Mailing Address

25 S.E. SECOND AVENUE  
SUITE #1007  
MIAMI FL 33131-1604  
US

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

59-1743641

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

KAPUSTIN, RAFAEL  
25 S.E. SECOND AVENUE  
SUITE #750  
MIAMI FL 33131

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

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 ☐ Delete  
NAME D  
STREET ADDRESS KAPUSTIN, RAFAEL  
CITY-ST-ZIP 25 S.E. 2ND AVENUE  
MIAMI FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME PD  
STREET ADDRESS PARDO, GEORGINA  
CITY-ST-ZIP 25 SE 2ND AVENUE, #1007  
MIAMI FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Delete  
NAME D  
STREET ADDRESS WINTON, JOHN  
CITY-ST-ZIP 25 SE 2ND AVE #1007  
MIAMI FL

TITLE ☐ Change ☒ Addition  
NAME D  
STREET ADDRESS Sherman, Jeff  
CITY-ST-ZIP 25 SE 2 Ave #1007  
MIAMI FL 33131

TITLE ☐ Delete  
NAME S  
STREET ADDRESS BEHAR, YOSHUA SAL  
CITY-ST-ZIP 25 SE 2ND AVENUE, #1007  
MIAMI FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME T  
STREET ADDRESS GELOTTE, LUCIA  
CITY-ST-ZIP 8 SE 2 AVE. #909  
MIAMI FL 33131

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME D  
STREET ADDRESS ROK, SERGIO  
CITY-ST-ZIP 25 SE 2 AVENUE  
MIAMI FL

TITLE ☐ Change ☐ 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:

Georgina Pardo

1/28/00

305 375-7070

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)