

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 721894

1. Entity Name

MIAMI CHORAL SOCIETY, INC.

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90052 038 ****61.25

Principal Place of Business	Mailing Address
1533 SUNSET DR STE 215 CORAL GABLES FL 33143 US	1533 SUNSET DR STE 215 CORAL GABLES FL 33143-5700 US

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

City & State	City & State
Zip	Country

4. FEI Number	Applied For
23-7250811	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

LOUMIET, LUCRECIA
 1033 ANASTASIA AVE.
 CORAL GABLES FL 33134

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 _____ (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	PCD <input type="checkbox"/> Delete
NAME	BROOKES, ROBERT
STREET ADDRESS	95 W MCINTYRE ST
CITY-ST-ZIP	KEY BICAYNE FL 33149
TITLE	SD <input type="checkbox"/> Delete
NAME	FISHER, DEBORAH
STREET ADDRESS	13040 SW 70 AVE
CITY-ST-ZIP	MIAMI FL 33156
TITLE	VDT <input type="checkbox"/> Delete
NAME	LOUMIET, JUAN P.
STREET ADDRESS	1221 BRICKELL
CITY-ST-ZIP	MIAMI FL 33131
TITLE	D <input type="checkbox"/> Delete
NAME	M. CRISTINA DE LA VEGA
STREET ADDRESS	44 W FLAGLER ST
CITY-ST-ZIP	MIAMI FL 33130
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	BERGMAN, MARY
STREET ADDRESS	8577 SW 112 ST
CITY-ST-ZIP	MIAMI FL 33156
TITLE	D <input type="checkbox"/> Delete
NAME	SHARP, TIMOTHY
STREET ADDRESS	11435 SW 109TH RD #46A
CITY-ST-ZIP	MIAMI FL 33176

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PCD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brookes, Robert
STREET ADDRESS	701 Brickell Avenue, Suite 1200
CITY-ST-ZIP	Miami, FL 33131
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	
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stickney, Timothy P.
STREET ADDRESS	104 Crandon Blvd., Suite 309
CITY-ST-ZIP	Key Biscayne, FL 33149
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: SIGNATURE REQUIRED Robert Brookes March 1, 2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

62213

Demberg, Jennifer
1221 Brickell Avenue
Miami, FL 33131

Fernandez, Filiberto
255 Alhambra Circle, Suite 835
Coral Gables, FL 33134

Scheibe, Dr. Jo-Michael
University of Miami
School of Music
Coral Gables, FL 33134

Weiner, Gary
8181 NW 154th Street, Suite 220
~~Miami Lakes, FL 33016~~ -----

Addition