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2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2003 8:00 am
Secretary of State
01-13-2003 90352 020 ****70.00

55003727

DOCUMENT # 739337

1. Entity Name
DOWNTOWN MIAMI PARTNERSHIP, INC.

Principal Place of Business	Mailing Address
25 S.E. SECOND AVENUE SUITE #1007 MIAMI FL 33131 US	25 S.E. SECOND AVENUE SUITE #1007 MIAMI FL 33131 US

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

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-1763641 — 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
GELOTTE, LUCIA 8 SE 2ND AVENUE SUITE 909 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Lucia Gelotte 1/9/03
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 Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D ☐ Delete	TITLE	Secretary ☐ Change ☒ Addition
NAME	GELOTTE, LUCIA	NAME	Jose Goyanes
STREET ADDRESS	8 S.E. 2ND AVENUE, #909	STREET ADDRESS	25 SE 2 Ave #1007
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	Miami FL 33131
TITLE	P ☒ Delete	TITLE	Treasurer ☐ Change ☒ Addition
NAME	PARDO, GEORGINA	NAME	Tracy Cochran
STREET ADDRESS	25 SE 2ND AVENUE, #1007	STREET ADDRESS	25 SE 2 Ave #1007
CITY-ST-ZIP	MIAMI FL 33131	CITY-ST-ZIP	Miami FL 33131
TITLE	D ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	ROZENTAL, IGNACIO DAVID	NAME	
STREET ADDRESS	25 SE 2 AVE #1007	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	KOZOLCHYK, BORIS	NAME	
STREET ADDRESS	25 S.E. 2ND AVENUE, #1007	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	
TITLE	VP ☐ Delete	TITLE	President ☒ Change ☐ Addition
NAME	IMBRONE, PAUL	NAME	Imbrone, Paul
STREET ADDRESS	25 SE 2ND AVENUE, #1007	STREET ADDRESS	25 SE 2 Ave. #1007
CITY-ST-ZIP	MIAMI FL 33131	CITY-ST-ZIP	Miami FL 33131
TITLE	☐ Delete	TITLE	D ☐ Change ☒ Addition
NAME		NAME	Herrera, Prospero
STREET ADDRESS		STREET ADDRESS	25 SE 2 Ave #1007
CITY-ST-ZIP		CITY-ST-ZIP	Miami FL 33131

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 REQ Lucia Gelotte - Lucia Gelotte 1/9/03 305 379-7070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (10/02)