

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N1100000707

**Entity Name:** SCENIC MIAMI, INC.

**Current Principal Place of Business:**

19 W. FLAGLER STREET, SUITE 607  
MIAMI, FL 33130-4408

**Current Mailing Address:**

19 W. FLAGLER STREET, SUITE 607  
MIAMI, FL 33130-4408

**FEI Number: 80-0677841**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

POLLAK, WILLIAM S  
19 W. FLAGLER STREET, SUITE 607  
MIAMI, FL 33130-4408 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title D  
Name BALDAN, BEATRIZ  
Address 770 CLAUGHTON ISLAND DRIVE,  
SUITE 1709  
City-State-Zip: MIAMI FL 33131-2631

Title D  
Name DUBBIN, MURRAY  
Address 801 N. VENETIAN DRIVE, #904  
City-State-Zip: MIAMI FL 33139-1068

Title D  
Name POLLAK, WILLIAM S  
Address 19 W. FLAGLER STREET, SUITE 607  
City-State-Zip: MIAMI FL 33130-4408

Title D  
Name BISNO, BARBARA K  
Address 1000 VENETIAN WAY, #603  
City-State-Zip: MIAMI FL 33139-1010

Title D  
Name EHRLICH, JR., PETER R  
Address 770 NE 69TH STREET, UNIT 5-D  
City-State-Zip: MIAMI FL 33138-5764

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: WILLIAM S. POLLAK**

**DIRECTOR**

**04/20/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date