

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

DOCUMENT# N38690

**FILED**  
**Jan 12, 2013**  
**Secretary of State**  
**CC2353990311**

**Entity Name:** THE FRIENDS OF THE UNIVERSITY OF MIAMI FROST SCHOOL OF MUSIC, INC.

**Current Principal Place of Business:**

6200 SAN AMARO DR.  
FROST SCHOOL OF MUSIC  
CORAL GABLES, FL 33146-1514

**Current Mailing Address:**

1805 PONCE DE LEON BLVD #710  
CORAL GABLES, FL 33134

**FEI Number: 65-0201227**

**Certificate of Status Desired: No**

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

STANTON G. LEVIN  
1805 PONCE DE LEON BLVD #710  
CORAL GABLES, FL 33134 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 PD  
Name FLOYD, SUZANNE  
Address 11340 SW 120 STREET  
City-State-Zip: MIAMI FL 33176

Title S  
Name BRUCE, THOR WPHD  
Address 3252 RIVIERA DR  
City-State-Zip: CORAL GABLES FL 33134

Title VPD  
Name NEUMANN, ADELE  
Address 1717 N BAYSHORE DRIVE APT 2231  
City-State-Zip: MIAMI FL 33132

Title D  
Name LEVIN, STANTON G  
Address 1805 PONCE DE LEON BLVD, #710  
City-State-Zip: CORAL GABLES FL 33134

Title TD  
Name ALEXANDER, CAROL I  
Address 11355 SW 112 CIR LN NORTH  
City-State-Zip: MIAMI FL 33176

*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: CAROL ALEXANDER**

**TREASURER**

**01/12/2013**

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

\_\_\_\_\_  
Date