2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 31, 2007 8:00 am
Secretary of State
07-31-2007 90008 029 ****61.25

DOCUMENT # 703775

1. Entity Name

BEAUX ARTS OF THE LOWE ART MUSEUM OF THE UNIVERSITY OF MIAMI, INC.

Principal Place of Business	Mailing Address
UNIVERSITY OF MIAMI 1301 SANFORD DRIVE CORAL GABLES FL 33124-6310	UNIVERSITY OF MIAMI 1301 SANFORD DRIVE CORAL GABLES FL 33124-6310

2nd MOORE CR2E037 (4/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc	Suite, Apt. # etc
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-6131426 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PARMENTER, COURTNEY
C/O BEAUX ARTS, LOWE ART MUSEUM
U OF MIAMI/ 1301 SANFORD DRIVE
CORAL GABLES FL 33124

7. Name and Address of New Registered Agent

Name: Bastian, Raphael
Street Address (P.O. Box Number is Not Acceptable): c/o Beaux Arts, Lowe Art Museum
U. of Miami/1301 Sanford Drive
City: Coral Gables FL Zip Code: 33124

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: Raphael M Bastian 7/23/07
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
Due By September 5, 2007

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP PARMENTER, COURTNEY 10255 LAKESIDE DRIVE CORAL GABLES FL 33156	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP Bastian, Raphael M 12715 S.W. 67 Avenue Pinecrest, FL 33156	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV BASTIAN, RAPHAEL M 12715 SW 62ND AVE PINECREST FL 33156	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV Landon, Keith 16120 S.W. 77 Avenue Miami, FL 33157	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT HOLLY, ALLISON 4412 SANTA MARIA STREET CORAL GABLES FL 33146	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT Luebke, Margaret 323 NE 91 Street Miami Shores, FL 33138	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS FAY, PAULA 4900 SW 74TH TERRACE MIAMI FL 33143	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS Mead, Ali 11300 S.W. 60 Court Pinecrest, FL 33156	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS QUINTON, JENNIFER 457 NE 95TH STREET MIAMI SHORES FL 33138	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS McWilliams, Laurie 4850 North Kendall Drive Coral Gables, FL 33156	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Margaret Luebke / Margaret Luebke 7-23-07 305-582-4863