2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 16, 2001 8:00 am
Secretary of State
07-24-2001 90022 006 ****61.25
02-12-2001 90211 006 ****61.25

DOCUMENT # 729522

1. Entity Name

MAHI TEMPLE SOUTH FLORIDA FAIR ASS'N., INC.

Principal Place of Business	Mailing Address
1500 NW N RIVER DR MIAMI FL 33125 US	PO BOX 351087 MIAMI FL 33135-1087 US

DO NOT WRITE IN THIS SPACE

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

4. FEI Number 59-1577568 ☐ 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
ALEXANDER, ROBERT J. 1480 N.W. NORTH RIVER DRIVE MIAMI FL 33125	Name: Newman, Paul E, PP Street Address (P.O. Box Number is Not Acceptable): 6482 NW 37th Ave City: Coconut Greek FL Zip Code: 33073

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: PAUL E. NEWMAN, RECORDER Paul E. Newman 8/3/01
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
After September 12, 2001, min. will be $236.25

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SHURETTE, JOSEPH 2721 SW 117 TERR FORT LAUDERDALE FL 33330	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Olsen, Milton O 12136 St. Andrews Place Miramar, Fl 33025-0730	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ALEXANDER, ROBERT J 1480 NW NORTH RIVER DR MIAMI FL 33125	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Newman, Paul E 6482 NW 37th Ave Coconut Creek, Fl 33073-2028	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LYNN, RICHARD E 6250 SW 117 TERR MIAMI FL 33156	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Voight, Paul C 1712 SE Jackson Avenue Stuart, FL 34997-5843	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OLSEN, MILTON 3924 NW 20 AVE FORT LAUDERDALE FL 33309	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	 Miller, Robert 5512 Roosevelt Streeet Hollywood, Fl 33021-2951	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILLER, ROBERT 5512 ROOSVELT ST HOLLYWOOD FL 33021	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	 Fleites, Jose 14848 SW 166 Street Miami, FL 33187-1422	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FLEITES, JOSE 14848 SW 166 ST MIAMI FL 33187	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	 Mitch, George 8905 SW 75th Street Miami, Fl 33173-3438	☐ Change ☐ Addition

CR2E037 (5/01)

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 Paul E Newman 8/3/01 305 325-0711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #