

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 18, 2002 8:00 am**  
**Secretary of State**

02-18-2002 90134 025 \*\*\*\*70.00

**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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1763641**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SHERMAN, JEFF  
 168 S.E. FIRST STREET  
 SUITE #803  
 MIAMI FL 33131

Name Lucia Gelotte

Street Address (P.O. Box Number is Not Acceptable)

8 SE 2 Ave. # 909

City Miami

**FL**

Zip Code 33131

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 Lucia Gelotte

1/29/02

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 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
 NAME **D**  
**GELOTTE, LUCIA**  
 STREET ADDRESS **8 S.E. 2ND AVENUE, #909**  
 CITY-ST-ZIP **MIAMI FL**

TITLE  Change  Addition  
 NAME V.P. Paul Imbrone  
 STREET ADDRESS 25 SE 2 Ave. #1007  
 CITY-ST-ZIP Miami FL 33131

TITLE  Delete  
 NAME **V**  
**PARDO, GEORGINA**  
 STREET ADDRESS **25 SE 2ND AVENUE, #1007**  
 CITY-ST-ZIP **MIAMI FL**

TITLE  Change  Addition  
 NAME President Georgina Pardo  
 STREET ADDRESS 25 SE 2 Ave #1007  
 CITY-ST-ZIP MIAMI FL 33131

TITLE  Delete  
 NAME **P**  
**SHERMAN, JEFF**  
 STREET ADDRESS **168 S.E. 1 STREET, #803**  
 CITY-ST-ZIP **MIAMI FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D**  
**ROZENTAL, IGNACIO DAVID**  
 STREET ADDRESS **25 SE 2 AVE #1007**  
 CITY-ST-ZIP **MIAMI FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D**  
**KOZOLCHYK, BORIS**  
 STREET ADDRESS **25 S.E. 2ND AVENUE, #1007**  
 CITY-ST-ZIP **MIAMI FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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: Lucia Gelotte - Lucia Gelotte 1-9-02 3053797070

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)