

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90104 046 ****61.25

DOCUMENT # 749422

1. Entity Name
THE MIAMI FORUM, INC.

Principal Place of Business Mailing Address
7800 RED ROAD **7800 RED ROAD**
SUITE 101 **SUITE 101**
MIAMI FL 33143 **MIAMI FL 33143-5543**

A0006205



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-1969769		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	<input type="checkbox"/>			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
BEACH, ELIZABETH H 6400 SW 133 DRIVE MIAMI FL 33156				Name							
				Street Address (P.O. Box Number is Not Acceptable)							
				City				FL		Zip Code	

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 _____ (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	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUMINS, SUSAN	NAME	
STREET ADDRESS	3512 PONCE DE LEON	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WORTHINGTON, PATRICIA H	NAME	
STREET ADDRESS	7375 SW 170 TERRACE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33157	CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATERS, CHERYL S	NAME	
STREET ADDRESS	945 ALFONSO AVENUE	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33146	CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAYNARD, SUSAN	NAME	
STREET ADDRESS	4131 REYNOLDS AVENUE	STREET ADDRESS	
CITY-ST-ZIP	COCONUT GROVE FL 33133	CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAUER, MAGALY	NAME	
STREET ADDRESS	9851 SW 141 DRIVE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33176	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEACH, ELIZABETH H	NAME	
STREET ADDRESS	6400 SW 133 DRIVE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33156	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 Elizabeth H. Beach (Elizabeth H. Beach) 1/10/2000 305-665-9360
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)