2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

May 05, 2003 8:00 am § **Secretary of State** DOCUMENT # 759684 05-05-2003 90702 021 ****61.25 MUSEUM OF CONTEMPORARY ART, INC. Principal Place of Business Mailing Address 11037130 770 NE 125TH ST. 770 NE 125TH ST. NORTH MIAMI FL 33161-5654 NORTH MIAMI FL 33161-5654 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Applied For City & State City & State FEI Number 59-2085261 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Irma Braman Street Address (P.O. Box Number is Not Acceptable) Bonnie Clearwater <u>One Indian Creek Island</u> 5 Island Ave Apt 7C Zip Code 33154 City Miami Beach, FL 33139 Miami Beach 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing "Make Check Payable to FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. ☐ Addition TITLE ☐ Delete TITLE FEINSILVER, DANNY NAME NAME 12955 YACHT CLUB DR #1702 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP AVENTURA FL 33180 CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition ZENOV, DARIN NAME 200 S BISCAYNE BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33131-2398 CITY-ST-ZIP TITLE ☐ Delete TITLE Change | ☐ Addition **BROWN, JACQUELYN** NAME NAME 25 PELICAN DR STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33301 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition BRAMAN, IRMA NAME NAME ONE INDIAN CREEK ISLAND STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 33154 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition CLEARWATER, BONNIE NAME NAME 770 NE 125TH STREET STREET ADDRESS STREET ADDRESS CITY=ST=ZIP NORTH MIAMITE 33161 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition SIMKINS, ANNA NAME NAME 3640 YACHT CLUB DRIVE # 1702 STREET ADDRESS STREET ADDRESS

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 er 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

NORTH MIAMI BEACH FL 33180

FILED