

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90133 013 ****61.25

DOCUMENT # N00000002863

1. Entity Name

MIAMI BEACH COMMUNITY FOUNDATION, INCORPORATED

Principal Place of Business

Mailing Address

**NATIONSBANK TOWER
 100 SE 2ND ST SUITE 2800
 MIAMI FL 33131**

**NATIONSBANK TOWER
 100 SE 2ND ST SUITE 2800
 MIAMI FL 33131**

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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

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

**KTG&S REGISTERED AGENT CORPORATION
 100 SE 2ND ST
 28TH FLOOR
 MIAMI FL 33131**

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 _____

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Jennifer Altman	<input type="checkbox"/>	NAME	<input type="checkbox"/>
STREET ADDRESS 100 SE 2nd St, 28th Fl		STREET ADDRESS	
CITY-ST-ZIP Miami, FL 33131		CITY-ST-ZIP	
NAME Kevin McCarty	<input type="checkbox"/>	NAME	<input type="checkbox"/>
STREET ADDRESS 701 Brickell Ave #1500		STREET ADDRESS	
CITY-ST-ZIP Miami, FL 33131		CITY-ST-ZIP	
NAME Remedios Rodriguez	<input type="checkbox"/>	NAME	<input type="checkbox"/>
STREET ADDRESS 1634 NE 7th Court		STREET ADDRESS	
CITY-ST-ZIP 33304		CITY-ST-ZIP	
NAME	<input type="checkbox"/>	NAME	<input type="checkbox"/>
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
NAME	<input type="checkbox"/>	NAME	<input type="checkbox"/>
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
NAME	<input type="checkbox"/>	NAME	<input type="checkbox"/>
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jennifer Altman 4/27/01 (305) 539-8400
 Director Date Daytime Phone #

CR2E037 (10/00)