


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

0023483

**DOCUMENT # N00000002863**

1. Entity Name  
**MIAMI BEACH COMMUNITY FOUNDATION, INCORPORATED**



**FILED**  
03 MAY -5 AM 9:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**



CHECK HERE IF MAKING CHANGES

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 **NOT APPLICABLE**      Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>ALTMAN, JENNIFER</b>
STREET ADDRESS	<b>100 SE 2ND ST 28 FLOOR</b>
CITY-ST-ZIP	<b>MIAMI FL 33131</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>MCCARTY, KEVIN</b>
STREET ADDRESS	<b>701 BRICKELL AVENUE # 1500</b>
CITY-ST-ZIP	<b>MIAMI FL 33131</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>RODRIGUEZ, REMEDIOS</b>
STREET ADDRESS	<b>1634 NE 7TH COURT</b>
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33304</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>900018955739</b>
STREET ADDRESS	<b>05/14/03--01071--015 **261.25</b>
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* **SIGNATURE REQUIRED** *Altman, Director 4/14/03 305 539-8400*

\_\_\_\_\_  
Date      Daytime Phone #

CR2E037 (10/02)