

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00410

1. Entity Name

GREATER MIAMI CONVENTION AND VISITORS BUREAU, IN

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90053 030 ****61.25

Principal Place of Business

Mailing Address

701 BRICKELL AVE STE 2700
SUITE 2700
MIAMI FL 33131

701 BRICKELL AVE STE 2700
SUITE 2700
MIAMI FL 33131-2847

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

59-2383735

Applied For

Not Applicable

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

DOUGHERTY, LUCIA A. ESQ
1221 BRICKELL AVE
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

| | | |
|----------------|---------------------------------------|--|
| TITLE | DC | <input checked="" type="checkbox"/> Delete |
| NAME | HEWITT, THOMAS F | |
| STREET ADDRESS | 3250 MARY ST | |
| CITY-ST-ZIP | COCONUT GROVE FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | HENRIQUES, ADOLFO | |
| STREET ADDRESS | 1221 BRICKELL AVE | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | DT | <input checked="" type="checkbox"/> Delete |
| NAME | VIERA, CARLOW | |
| STREET ADDRESS | 3230 WEST COMMERCIAL BLVD., SUITE 350 | |
| CITY-ST-ZIP | FT LAUDERDALE FL | |
| TITLE | DS | <input checked="" type="checkbox"/> Delete |
| NAME | HORD, HORACCE | |
| STREET ADDRESS | 999 PONCE DE LEON BLVD #800 | |
| CITY-ST-ZIP | CORAL GABLES FL | |
| TITLE | DP | <input checked="" type="checkbox"/> Delete |
| NAME | STIERHEIM, MERRETT | |
| STREET ADDRESS | 701 BRICKELL AVE. | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | ALEXANDER, WILLIAM | |
| STREET ADDRESS | 3750 NW 87TH AVE, #600 | |
| CITY-ST-ZIP | MIAMI FL | |

| | | |
|----------------|------------------------------------|--|
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Goldman, Tony | |
| STREET ADDRESS | 640 Ocean Drive | |
| CITY-ST-ZIP | MIAMI, FL 33139 | |
| TITLE | C | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HENRIQUES, Adolfo | |
| STREET ADDRESS | 2800 Ponce de Leon Blvd 15th Floor | |
| CITY-ST-ZIP | Coral Gables, FL 33134 | |
| TITLE | T | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Hicks, Elizabeth | |
| STREET ADDRESS | 200 S Biscayne Blvd Suite 4450 | |
| CITY-ST-ZIP | MIAMI, FL 33131 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Peebles, R. Donahue | |
| STREET ADDRESS | 100 S.E. 2nd St. Suite 4650 | |
| CITY-ST-ZIP | MIAMI, FL 33131 | |
| TITLE | P | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Talbert, William D. III | |
| STREET ADDRESS | 701 BRICKELL AVE Suite 2700 | |
| CITY-ST-ZIP | MIAMI, FL 33131 | |
| 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: WILLIAM D. TALBERT III DATE: 3/27/00 DAYTIME PHONE: (305) 539-2032

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)