

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 22, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90035 009 \*\*\*\*61.25

**DOCUMENT # N00410**

1. Entity Name

Greater Miami Convention And Visitors Bureau, INC

Principal Place of Business

701 Brickell Ave. Suite 2700  
Miami, FL 33131

Mailing Address

701 Brickell Ave  
Suite 2700  
Miami, FL 33131

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2383735

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

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 ☐ Delete  
NAME C  
STREET ADDRESS Henriques, Adolfo  
CITY-ST-ZIP 2800 Ponce de Leon Blvd 15th Floor  
Coral Gables, FL 33134

TITLE ☐ Change ☒ Addition  
NAME D  
STREET ADDRESS Sastre, MARIA  
CITY-ST-ZIP 1050 Caribbean Way  
Miami, FL 33132

TITLE ☐ Delete  
NAME D  
STREET ADDRESS Goldman, Tony  
CITY-ST-ZIP 640 Ocean Drive  
Miami, FL 33139

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME T  
STREET ADDRESS Hicks, Elizabeth  
CITY-ST-ZIP 200 S Biscayne Blvd. Suite 4450  
Miami, FL 33131

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME D  
STREET ADDRESS Peebles, R. Donahue  
CITY-ST-ZIP 100 S.E. 2nd St Suite 4650  
Miami, FL 33131

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME P  
STREET ADDRESS Talbert, William D. III  
CITY-ST-ZIP 701 Brickell Ave. Suite 2700  
Miami, FL 33131

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

4/26/01 (305) 539-3032

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)