

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N10746

1. Entity Name

MIAMI CITY BALLET, INC.

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90925 031 \*\*\*\*70.00

Principal Place of Business

Mailing Address

905 LINCOLN RD.  
MIAMI BEACH FL 33139

905 LINCOLN RD.  
MIAMI BEACH FL 33139-2601

2. Principal Place of Business

3. Mailing Address

2200 Liberty Ave.  
Suite, Apt. #, etc.

2200 Liberty Ave.  
Suite, Apt. #, etc.

City & State

Miami Beach FL

City & State

Miami Beach FL

4. FEI Number

59-2578534

Applied For

Not Applicable

Zip

33139

Country

USA

Zip

33139

Country

USA

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

SINGER, BARBARA  
905 LINCOLN ROAD  
MIAMI BEACH FL 33139

Name

Pamela Gardiner

Street Address (P.O. Box Number is Not Acceptable)

2200 Liberty Ave.

City

Miami Beach

FL

Zip Code

33139

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

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

Pamela Gardiner Executive Director 4/27/2000

(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 NAME	CT BRONSON, RICHARD	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	4141 NE 2ND AVE. #108	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE NAME	PT SIGARS-MALINA, JANA	<input type="checkbox"/> Delete
STREET ADDRESS	5200 BLUE LAGOON DR. #600	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE NAME	TT HAFT, JAY	<input type="checkbox"/> Delete
STREET ADDRESS	10 EDGEWATER DRIVE	
CITY-ST-ZIP	CORAL GABLES FL 33133	
TITLE NAME	V STEIN, RITA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	210 EDEN RD	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE NAME	V HAFT, CLAYRE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	10 EDGEWATER DR	
CITY-ST-ZIP	CORAL GABLES FL 33133	
TITLE NAME	S CHARYK, EDWINA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	790 ANDREWS AVE STE A302	
CITY-ST-ZIP	DELRAY BEACH FL 33483	

TITLE NAME	PT <del>Edison</del> Mike	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	200 South Biscayne Blvd. #4700	
CITY-ST-ZIP	Miami FL 33131	
TITLE NAME	CT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	VT Lowry, Patricia	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	777 South Flagler Drive #1900	
CITY-ST-ZIP	WPB FL 33401	
TITLE NAME	VT McGowan, Gregory	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	500 East Broward Blvd. #2100	
CITY-ST-ZIP	Ft. Lauderdale FL 33394	
TITLE NAME	T Ansing, Toby	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	6810 Riviera Drive	
CITY-ST-ZIP	Coral Gables FL 33146	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00 (305)972-5339

Date

Daytime Phone #

CR2E037 (9/99)