

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N10746

1. Entity Name

MIAMI CITY BALLET, INC.

Principal Place of Business

2200 LIBERTY AVE
MIAMI BEACH FL 33139

Mailing Address

2200 LIBERTY AVE
MIAMI BEACH FL 33139

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

59-2578534

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

GARDINER, PAMELA
2200 LIBERTY AVE
MIAMI BEACH FL 33139

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 PT
NAME EIDSON, MIKE
STREET ADDRESS 200 SOUTH BISCAYNE BLVD #4700
CITY-ST-ZIP MIAMI FL 33131 ☐ Delete

TITLE PT
NAME Eidson, Mike
STREET ADDRESS 255 Aragon Ave., 2nd Floor
CITY-ST-ZIP Coral Gables, FL 33134 ☒ Change ☐ Addition

TITLE CT
NAME SIGARS-MALINA, JANA
STREET ADDRESS 5200 BLUE LAGOON DR. #600
CITY-ST-ZIP MIAMI FL 33126 ☐ Delete

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

TITLE TT
NAME HAFT, JAY
STREET ADDRESS 10 EDGEWATER DRIVE
CITY-ST-ZIP CORAL GABLES FL 33133 ☒ Delete

TITLE TT
NAME Esserman, Ron
STREET ADDRESS 10455 NW 12 ST.
CITY-ST-ZIP Miami, FL 33172 ☐ Change ☒ Addition

TITLE VT
NAME LOWRY, PATRICIA
STREET ADDRESS 777 SOUTH FLAGLER DRIVE #1900
CITY-ST-ZIP WEST PALM BEACH FL 33401 ☐ Delete

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

TITLE VT
NAME MCGOWAN, GREGORY
STREET ADDRESS 500 EAST BROWARD BLVD, #2100
CITY-ST-ZIP FT LAUDERDALE FL 33394 ☐ Delete

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

TITLE T
NAME ANSIN, TOBY
STREET ADDRESS 6810 RIVIERA DRIVE
CITY-ST-ZIP CORAL GABLES FL 33146 ☐ Delete

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

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 REQUIRED

4/19/01

(305) 929-7200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

0002331

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90133 043 ****70.00

A0056058



DO NOT WRITE IN THIS SPACE