

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 28, 2008 8:00 am
Secretary of State

05-28-2008 90010 020 ****61.25

DOCUMENT # N10746

1. Entity Name
MIAMI CITY BALLET, INC.



40103402



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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02122008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2578534

Applied For
Not Applicable

Zip

Country

Zip

Country

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **P MITCHELL, KAREN**
STREET ADDRESS **450 E LAS OLAS BLVD, #750**
CITY - ST - ZIP **FT. LAUDERDALE, FL 33301**

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

TITLE ☐ Delete
NAME **VP SEVILLA-SACASA, FRANCES**
STREET ADDRESS **114 W 47TH ST.**
CITY - ST - ZIP **NEW YORK, FL 10036**

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

TITLE ☒ Delete
NAME **T ZEDECK, MURRAY**
STREET ADDRESS **2626 CASTILLA ISLE**
CITY - ST - ZIP **FT. LAUDERDALE, FL 33301**

TITLE ☐ Change ☒ Addition
NAME **T KLEIN, GERALD**
STREET ADDRESS **7613 GRANVILLE DR**
CITY - ST - ZIP **TAMARAC, FL 33321**

TITLE ☐ Delete
NAME **D RICHTER, ROSALIND**
STREET ADDRESS **10651 NE QUAYBRIDGE**
CITY - ST - ZIP **MIAMI, FL 33138**

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

TITLE ☐ Delete
NAME **D SHULTZ, MICHAEL**
STREET ADDRESS **2830 LONG MEADOW DR.**
CITY - ST - ZIP **WELLINGTON, FL 33414**

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

TITLE ☐ Delete
NAME **D LEBOW, GERRI**
STREET ADDRESS **5203 FISHER ISLAND DR**
CITY - ST - ZIP **FISHER ISLAND, FL 33109**

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 exemptions contained in Chapter 119, 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 an officer like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

John L. Safranek 4/30/08