

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90193 045 *****70.00

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**GARDINER, PAMELA
2200 LIBERTY AVE
MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent

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

FILE NOW: FEE IS \$61.25

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 **PT** ☐ Delete
NAME **EIDSON, MIKE**
STREET ADDRESS **255 ARAGON AVE 2ND FLOOR**
CITY-ST-ZIP **CORAL GABLES FL 33134**

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

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

TITLE **VT** ☐ Change ☒ Addition
NAME **Rosalind Richter**
STREET ADDRESS **10651 NE Quaybridge**
CITY-ST-ZIP **Miami, FL 33138**

TITLE **TT** ☐ Delete
NAME **ESSERMAN, RON**
STREET ADDRESS **10455 NW 12 ST**
CITY-ST-ZIP **MIAMI FL 33172**

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

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

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

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

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

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

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 life empowered.

SIGNATURE:

SIGNATURE REQUIRED

(305)476-7400

CR2E037 (10/02)