

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N12404

1. Entity Name

THE GREATER MIAMI FESTIVALS ASSOCIATION, INC.

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

05-17-2000 90871 006 ****61.25

Principal Place of Business

111 NW FIRST STREET
 SUITE 625
 MIAMI FL 33128

Mailing Address

12555 BISCAYNE BLVD
 #821
 MIAMI FL 33181-2522
 US

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

59-2634256

Applied For

Not Applicable

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

SLESNICK, DONALD D., II
 10680 NW 25 ST. #202
 MIAMI FL 33172-9108

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 ED
 DIPEITRO, ROBERTA
 17531 NE 7 CT
 NORTH MIAMI BEACH FL 33162

☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 SLESNICK, DONALD, D, II
 10680 NW 25TH ST #202
 MIAMI FL

☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 GULIAN, LAURETTE
 10901 CORAL WAY
 MIAMI FL 33165

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 CITY-ST-ZIP
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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: *Robert A. DiPietro*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/00 *305/651-9404*
 Date Daytime Phone #

CR2E037 (9/99)