2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 04, 2001 8:00 am
Secretary of State
06-04-2001 90005 012 ****61.25

DOCUMENT # N38690

1. Entity Name: The Friends of the University of Miami School of Music, Inc

Principal Place of Business	Mailing Address
6200 San Amaro Dr. Coral Gables, FL 33146-1514	c/o Stan Levin, Esq. 1570 Madruga Ave Coral Gables, FL 33146

C0070889

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
~~Coral Gables, FL~~ 6200 San Amaro Dr.	1570 Madruga Ave
Suite, Apt. #, etc. ~~c/o Stan Levin, Esq~~	Suite, Apt. #, etc. c/o Stan Levin, Esq
City & State Coral Gables, FL	City & State Coral Gables, FL
Zip: 33146-1514 Country: USA	Zip: 33146 Country: USA

4. FEI Number: 650201227 ☐ 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
Levin, Stanton G. 1570 Madruga Ave Coral Gables, FL 33146	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	Pres/Dir Thor W. Bruce 3252 Riviera Dr Coral Gables, FL 33134	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/Dir Nita Progris 711 Cala Trava Coral Gables, FL 33143	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secy/Dir Julia Benavides 918 E. Ponce de Leon Blvd #3 Coral Gables, FL 33134	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treas/Dir Malinda Bruce 3252 Riviera Dr Coral Gables, FL 33134	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (11/00)

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: _____ Thor W. Bruce, Pres 5/30/2001 (305)444 6602
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #