2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N41551

1. Entity Name

PERFORMING ARTS CENTER FOUNDATION OF GREATER MIA

Principal Place of Business

Mailing Address

1500 NORTH BAYSHORE DR MIAMI FL 33132

1500 NORTH BAYSHORE DR. MIAMI FL 33132-1421

FILED May 10, 2000 8:00 am Secretary of State

05-10-2000 90096 021 ****61.25



| | | | | 1 14.63 | (B) B) BOBB (KBB) BOB BIKE (KB) BA | Bir Bibli Bibli Bibli Bib | HI 414 1 1 44 | |
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| Principal Place of Business 3. Mailing Address | | | | | | | }} } } | |
| 1444 Biscayne Blvd. | | 1444 Biscayne Blvd. | | · | till der bindt tindt niebt arine sent ar | dis Britis estin arasi ara | III 41811 1841 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | DO NOT WRITE IN | THIS SPACE | | |
| Suite 100 | | Suite 100 | | | | | | |
| City & State | | City & State | | 4. FEI Num | ber 05.0400074 | | plied For | |
| Miami, FL | | Miami, FL | | | 65-0420871 | | t Applicable | |
| Zip | Country | Zip | Country | 5. Certifica | te of Status Desired | \$8.75 Add | | |
| 33132 | US | 33132 | US | | | Fee Require | <u> </u> | |
| | 6. Name and Address of Current F | legistered Agent | Name | 7. Name ar | nd Address of New Registe | erea Agent | { | |
| | | | Ivaile | Nancy Hers | stand | <u> </u> | | |
| HERSTAND, NANCY | | | Street Address (P.O. Box Number is Not Acceptable) BISCayne BIVO | | | | | |
| | TH BAYSHORE DRIVE | 1.7.7. | | 1444 DISCO | 4 Biscaylle biva. | | | |
| | | Suit | | Suite 100 | | | t | |
| MIAMI FL 33132 | | | City | City Miami FL 33132 | | | | |
| | | | | Miami | | 331. | 32 | |
| 8. The above | named entity submits this statement for | the purpose of changing its | registered office of | or registered agent, or b | oth, in the state of Florida. | | | |
| | $III \rightarrow II \rightarrow II$ | | | | | | } | |
| / | Wayn / XIOn (10) | 11 / 17a | II | stand Evac | mutima Dimad | -02 1/21 | /00 | |
| SIGNATURE \ | Signature, typed or printed name of registered agent as | | | Stand, Exec ature required when reinstating) | cutive Direct | <u>-OI 4/44</u> DATE | <u> </u> | |
| | Signature, typed of printed name or registered agent as | or the happinoscie. (1407) | | store required when remaining) | | | | |
| | | | | | | | [| |
| FILE NOW: | | | | \$5.00 May Be | | eck Payable to |) | |
| | FEE IS \$61.25 | Trust Fund Contribi | ution. | Added to Fees | Departi | ment of State | 1 | |
| | | <u> </u> | | | LIANGER TO OFFICERS AN | ID DIDECTORS IN | | |
| 10. | OFFICERS AND DIR | | 11. | | HANGES TO OFFICERS AN | | | |
| TITLE | DVC | ☐ Delete | TITLE | DVC | | XX Change | ☐ Addition | |
| NAME | PALOMARES, CARLOS | • | NAME | Palomares | s, Carlos Cypress Cree erdale, FL | h Poad | #800 | |
| STREET ADDRESS | MALE COLIDE CONTIDE ARTM EL | | STREET ADDRESS | I ODD MESE | CXbress_cred | ir voad | #600 | |
| | ONE COURT SQAURE 40TH FL | | CITY OF 7ID | l Ft. Laude | erdale. FL . | 33309 | | |
| CITY-ST-ZIP | LONG ISLAND CITY NY 11120 | | CITY-ST-ZIP | Ft. Laude | erdale, FL | | | |
| CITY-ST-ZIP TITLE | LONG ISLAND CITY NY 11120 DS | ☐ Delete | TITLE | Ft. Laude | erdale, FL | 33309 □ Change | Addition : | |
| TITLE NAME | LONG ISLAND CITY NY 11120 DS LEVITT, RHODA | ☐ Delete | TITLE NAME | Ft. Laude | erdale, FL | | Addition | |
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| TITLE NAME | LONG ISLAND CITY NY 11120 DS LEVITT, RHODA 3519 BAYSHORE VILLAS DR COCONUT GROVE FL | | TITLE NAME STREET ADDRESS CITY-ST-ZJP | | | ☐ Change | | |
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the not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information supplied indicated on this report or supplemental report of the corporation or the receiver of trustee changed, or on an attachment with the document.

SIGNATURE:

Rønald Esserman 4/26/00 305-477-400