

2000 UNIFORM BUSINESS REPORT (UBR)

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

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

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
 US

1500 NORTH BAYSHORE DR.
 MIAMI FL 33132-1421
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1444 Biscayne Blvd.

3. Mailing Address

1444 Biscayne Blvd.

Suite, Apt. #, etc.

Suite 100

Suite, Apt. #, etc.

Suite 100

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0420871

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip

33132

Country

US

Zip

33132

Country

US

6. Name and Address of Current Registered Agent

HERSTAND, NANCY
 1500 NORTH BAYSHORE DRIVE
 MIAMI FL 33132

7. Name and Address of New Registered Agent

Name

Nancy Herstand

Street Address (P.O. Box Number is Not Acceptable)

1444 Biscayne Blvd.

Suite 100

City

Miami

FL

Zip Code

33132

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

Nancy Herstand, Executive Director 4/24/00

DATE

FILE NOW:
FEES 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

TITLE	DVC	<input type="checkbox"/> Delete
NAME	PALOMARES, CARLOS	
STREET ADDRESS	ONE COURT SQAURE 40TH FL	
CITY-ST-ZIP	LONG ISLAND CITY NY 11120	
TITLE	DS	<input type="checkbox"/> Delete
NAME	LEVITT, RHODA	
STREET ADDRESS	3519 BAYSHORE VILLAS DR	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE	DC	<input checked="" type="checkbox"/> Delete
NAME	WEISER, SHERWOOD M.	
STREET ADDRESS	3250 MARY STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	ESSERMAN, RONALD	
STREET ADDRESS	10455 NW 12TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEFTON, DONALD E	
STREET ADDRESS	3250 MARY STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUDSON, ROBERT F JR.	
STREET ADDRESS	701 BRICKELL AVENUE	
CITY-ST-ZIP	MIAMI FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DVC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Palomares, Carlos	
STREET ADDRESS	899 West Cypress Creek Road, #800	
CITY-ST-ZIP	Ft. Lauderdale, FL 33309	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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, 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, and that I 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 or other like empowered.

SIGNATURE:

Ronald Esserman 4/26/00 305-477-400