

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N41551

FILED
May 01, 2003
Secretary of State

Entity Name: PERFORMING ARTS CENTER FOUNDATION OF GREATER MIAMI, INC.

Current Principal Place of Business:

1444 BISCAYNE BLVD.
SUITE 100
MIAMI, FL 33132 US

New Principal Place of Business:

Current Mailing Address:

1444 BISCAYNE BLVD.
SUITE 100
MIAMI, FL 33132 US

New Mailing Address:

FEI Number: 65-0420871 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HERSTAND, NANCY
1444 BISCAYNE BLVD.
SUITE 100
MIAMI, FL 33132 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DVC () Delete
Name: ESSERMAN, RON
Address: 10455 NW 12TH STREET
City-St-Zip: MIAMI, FL 33172 US

Title: DS () Delete
Name: LEVITT, RHODA
Address: 3519 BAYSHORE VILLAS DR
City-St-Zip: COCONUT GROVE, FL 33133 US

Title: DC () Delete
Name: WEISER, SHERWOOD M
Address: 3250 MARY STREET
City-St-Zip: MIAMI, FL 33133 US

Title: DT () Delete
Name: RENTZ, ANNA K
Address: 700 BRICKELL AVENUE
City-St-Zip: MIAMI, FL 33131 US

Title: DVC () Delete
Name: HUDSON, ROBERT F JR.
Address: 1200 BRICKELL AVENUE, SUITE 1900
City-St-Zip: MIAMI, FL 33131 US

Title: D () Delete
Name: BURNS, M. ANTHONY
Address: 3600 NW 82ND AVENUE
City-St-Zip: MIAMI, FL 33166 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHERWOOD M. WEISER

DC

05/01/2003

Electronic Signature of Signing Officer or Director

_____ Date