FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 10, 2001 8:00 am Secretary of State DOCUMENT # **N44566** 1. Entity Name 04-10-2001 90050 026 ****61.25 PERFORMING ARTS CENTER TRUST, INC. Principal Place of Business Mailing Address C/O METRO DADE CULTURAL AFFAIRS COUNCIL 111 NW 1 STREET J414U4 111 NW 1 STREET # 625 #625 MIAMI FL 33128 MIAMI FL 33128 HS 2. Principal Place of Business 3. Mailing Address 1444 Biscayne Boulevard 1444 Biscayne Boulevard Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 303 Suite 303 City & State City & State 4. FEI Number Applied For 65-0353695 Miami, Florida Miami, Florida Not Applicable - Country . Zip..... Country \$8.75 Additional 5. Certificate of Status Desired - . 33132 33132 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) 1444 Biscayne Boulevard THOMSON, PARKER D. C/O MIAMI-DADE CULTURAL AFFAIRS COUNCIL Suite 303 111 NW 1 STREET, #625 Zip Code City **MIAMI FL 33128** Miami 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) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Addition TITLE Delete THOMSON, PARKER NAME NAME STREET ADDRESS STREET ADDRESS 1 S.E. 3RD AVENUE, SUITE #1700 CITY-ST-ZIP MIAMI FL 33128 CITY-ST-ZIP 200 South Biscayne Boulevard, 4000 VPD TITLE Delete TITLE ☐ Addition HERRON, JAMES NAME STREET ADDRESS STREET ADDRESS :111-N.W.;:1ST.:ST.:#625 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33128 TITLE VPD ☐ Delete TITLE ☐ Addition NAME NICHOLS, FLORENE NAME 4120 N.W. 8th Avenue STREET ADDRESS STREET ADDRESS 111 N.W. 1ST. ST. #625 CITY-ST-7IP CITY-ST-ZIP Miami, FL 33127 **MIAMI FL 33128** VPD A Delete TITLE TITLE Change X Addition DE ONA, LAURA NAME NAME Loumiet, Juan P. STREET ADDRESS 111 NW 1ST ST. #625 STREET ADDRESS 1221 Brickell Avenue, 24th Floor CITY-ST-7IP CITY-ST-7IP **MIAMI FL 33128** Miami, FL 33131 TITLE ☐ Delete TITLE Addition WILSON, DAVID NAME NAME 1717 North Bayshore Drive, #124 STREET ADDRESS STREET ADDRESS 111 NW 1 STREET, #625 Miami, FLor33132 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33128 TITLE ☐ Delete TITLE ☐ Addition NAME LEVINE, I. STANLEYT NAME 1110 Brickell Avenue, #700 STREET ADDRESS 111 NW 1ST ST. #625 STREET ADDRESS Miami, FL 33131 CITY-ST-ZIP CITY-ST-7IP **MIAMI FL 33128**

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 a modern of the corporation of the corpo

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

-30-01

305.372.7611

Daytime Phone #