

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90369 019 ****61.25

DOCUMENT # N44566

1. Entity Name

PERFORMING ARTS CENTER TRUST, INC.

Principal Place of Business

**1444 BISCAYNE BLVD
 SUITE 303
 MIAMI FL 33132
 US**

Mailing Address

**1444 BISCAYNE BLVD
 SUITE 303
 MIAMI FL 33132
 US**

2. Principal Place of Business

Suite, Apt. #, etc.

Suite 202

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

Suite 202

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0353695

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

**THOMSON, PARKER D.
 1444 BISCAYNE BLVD
 SUITE 303
 MIAMI FL 33132**

Name

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

1444 Biscayne Boulevard

Suite 202

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

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 | PD | <input type="checkbox"/> Delete |
| NAME | THOMSON, PARKER | |
| STREET ADDRESS | 1 S.E. 3RD AVENUE, SUITE #1700 | |
| CITY-ST-ZIP | MIAMI FL 33128 | |
| TITLE | VPD | <input type="checkbox"/> Delete |
| NAME | HERRON, JAMES | |
| STREET ADDRESS | 200 SOUTH BISCAYNE BLVD., #4000 | |
| CITY-ST-ZIP | MIAMI FL 33131 | |
| TITLE | VPD | <input type="checkbox"/> Delete |
| NAME | NICHOLS, FLORENE | |
| STREET ADDRESS | 4120 NE 8TH AVE | |
| CITY-ST-ZIP | MIAMI FL 33127 | |
| TITLE | AT | <input type="checkbox"/> Delete |
| NAME | LOUMIET, JUAN P | |
| STREET ADDRESS | 1221 BRICKELL AVE 24TH FL | |
| CITY-ST-ZIP | MIAMI FL 33131 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | WILSON, DAVID | |
| STREET ADDRESS | 1717 N. BAYSHORE DR #124 | |
| CITY-ST-ZIP | MIAMI FL 33132 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | LEVINE, I. STANLEY T | |
| STREET ADDRESS | 1110 BRICKELL AVE #700 | |
| CITY-ST-ZIP | MIAMI FL 33131 | |

| | | |
|----------------|----------------------------------|--|
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 1111 Brickell Avenue, Suite 1900 | |
| CITY-ST-ZIP | Miami, FL 33131 | |
| 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 |
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| 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 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:

David Wilson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David Wilson

Treasurer 4/9/2002

305.372.7611

Date

Daytime Phone #

CR2E037 (9/01)