

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90299 037 \*\*\*\*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**

3. Mailing Address  
Suite, Apt. #, etc. **Suite 202**

City & State  
City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

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  
**THOMSON, PARKER D.  
1444 BISCAYNE BLVD  
STE 202  
MIAMI FL 33132**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (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 Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD THOMSON, PARKER 1111 BRICKELL AVENUE SUITE 1900 MIAMI FL 33128</b> <i>Complete list attached</i> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD HERRON, JAMES 200 SOUTH BISCAYNE BLVD., #4000 MIAMI FL 33131</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD NICHOLS, FLORENE 4120 NE 8TH AVE MIAMI FL 33127</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AT LOUMIET, JUAN P 1221 BRICKELL AVE 24TH FL MIAMI FL 33131</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T WILSON, DAVID 1717 N. BAYSHORE DR #124 MIAMI FL 33132</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S LEVINE, I. STANLEY 1110 BRICKELL AVE #700 MIAMI FL 33131</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* **4/25/03** **305 372 761**

CR2E037 (10/02)

*attachment*

PERFORMING ARTS CENTER TRUST, INC.  
Board of Directors

# N44566

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Page 2

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**Page 3**

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Page 4

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Page 5

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Page 6

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\* Jesus Pons is a Miami-Dade County employee.  
Updated 3/17/03