

2001 UNIFORM BUSINESS REPORT (UBR)

3/

FILED

Apr 25, 2001 8:00 am
Secretary of State

03-19-2001 90467 026 ****61.25

DOCUMENT # N94000002791

1. Entity Name

FLORIDA GRAND OPERA, INC.

Principal Place of Business

Mailing Address

1200 CORAL WAY
MIAMI FL

1200 CORAL WAY
MIAMI FL

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0496477

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

Name

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

City

FL

Zip Code

VALDES-FAULI CORPORATE SERVICES, INC.
2 S. BISCAYNE BLVD.
SUITE 3400
MIAMI FL 33131

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 NAME STREET ADDRESS CITY-ST-ZIP	M HEUER, ROBERT 1200 CORAL WAY MIAMI FL 33145	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BEDLEY, DENNIS G 1200 CORAL WAY MIAMI FL 33145	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERRON, JAMES M 1200 CORAL WAY MIAMI FL 33145	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SONDERLING, FROSENE 4403 PINE TREE DR. MIAMI BEACH FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman, DIRECTOR (D) Roger Hinkley 1200 Coral Way Miami, FL 33145	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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 REQUIRED Robert M Heuer

03-01-01

305/854-1643

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)