

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

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90232 011 ****70.00

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☒ CHECK HERE IF MAKING CHANGES

DOCUMENT # N94000002791	
1. Entity Name FLORIDA GRAND OPERA, INC.	



Principal Place of Business 1200 CORAL WAY MIAMI FL	Mailing Address 1200 CORAL WAY MIAMI FL
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 65-0496477	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

VALDES-FAULI CORPORATE SERVICES, INC. 2 S. BISCAYNE BLVD. SUITE 3400 MIAMI FL 33131
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7. Name and Address of New Registered Agent

Name ROBERT M. HEUER
Street Address (P.O. Box Number is Not Acceptable) 1200 CORAL WAY
City MIAMI
State FL
Zip Code 33145

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
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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
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10. OFFICERS AND DIRECTORS

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	CD HINKLEY, ROGER 1200 CORAL WAY MIAMI FL 33145	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
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:	REQUIRE
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CR2E037 (10/02)