

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000005942

1. Entity Name

MIAMI BEACH TAXPAYERS ASSOCIATION, INC.

Principal Place of Business

636 W. 51ST TERR  
MIAMI BEACH FL 33140

Mailing Address

636 W. 51ST TERR  
MIAMI BEACH FL 33140-2617

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

59-0697.179

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

ASMUNDSSON, JOSE  
636 W 51ST TERRACE  
MIAMI BEACH FL 33140

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.

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 P  
NAME ASMUNDSSON, JO  
STREET ADDRESS 4580 N JEFFERSON AVE  
CITY-ST-ZIP MIAMI BEACH FL 33140 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V  
NAME FABIAN, PERRY  
STREET ADDRESS 590 W 50TH ST  
CITY-ST-ZIP MIAMI BEACH FL 33140 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S  
NAME VITA, MICHAEL  
STREET ADDRESS 6770 INDIAN CREEK DR  
CITY-ST-ZIP MIAMI BEACH FL 33141 ☒ Delete

TITLE S  
NAME JOAN MAYERS  
STREET ADDRESS 1730 JEFFERSON AVENUE  
CITY-ST-ZIP MIAMI BEACH FL 33139 ☒ Change ☐ Addition

TITLE D  
NAME SHIMOFF, IRVING  
STREET ADDRESS 4488 PRAIRIE AVE  
CITY-ST-ZIP MIAMI BEACH FL 33140 ☒ Delete

TITLE D  
NAME GERTRUDE R MILLER  
STREET ADDRESS 1716 JAMES AVENUE #2E  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE D  
NAME LLERANDI, ADA  
STREET ADDRESS 11 ISLAND AVE  
CITY-ST-ZIP MIAMI BEACH FL 33139 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME SULKOWSKI, ISABELLA  
STREET ADDRESS 1036 MICHIGAN AVE  
CITY-ST-ZIP MIAMI BEACH FL 33139 ☐ Delete

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
ASMUNDSSON

4-24-00

305-861-5703

Date

Daytime Phone #

CR2E037 (9/99)