

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2001 8:00 am**  
**Secretary of State**  
 02-20-2001 90007 032 \*\*\*\*61.25

**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

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

**59-0697179**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

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

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.

SIGNATURE *J. ASMUNDSSON*  
*J. ASMUNDSSON*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**02-16-01**

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	<b>P</b> <b>ASMUNDSSON, JO</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>4580 N JEFFERSON AVE</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33140</b>	
TITLE NAME	<b>V</b> <b>FABIAN, PERRY</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>590 W 50TH ST</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33140</b>	
TITLE NAME	<b>S</b> <b>MAYERS, JOAN</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>1730 JEFFERSON AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33139</b>	
TITLE NAME	<b>D</b> <b>MILLER, GERTRUDE R</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>1776 JAMES AVE., #2E</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33140</b>	
TITLE NAME	<b>D</b> <b>LLERANDI, ADA</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>11 ISLAND AVE</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33139</b>	
TITLE NAME	<b>D</b> <b>SULKOWSKI, ISABELLA</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>1036 MICHIGAN AVE</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33139</b>	

TITLE NAME	<b>Jo ASMUNDSSON</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>636 W. 51 TERRACE</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33140</b>	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:** *SIGNATURE REQUIRED J. ASMUNDSSON 2/16/01 305-861-5703*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)