

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90290 037 ****61.25

0030709

DOCUMENT # N95000005180

1. Corporation Name

MIAMI BEACH TRANSPORTATION MANAGEMENT ASSOCIATION, INC.

Principal Place of Business

301 41ST ST
5TH FLOOR
MIAMI BEACH FL 33140
US

Mailing Address

301 41ST STREET
5TH FLOOR
MIAMI BEACH FL 33140
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

10/30/1995

4. FEI Number

65-0628983

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

EVANS, JUDY
300 41ST ST.
MIAMI FL 33140

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME SCHWARTZ, GERALD K
STREET ADDRESS 1101 BRICKELL AVE, STE. M100
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE

NAME TISDALE, JAMES
STREET ADDRESS 301 41ST ST, 2N FLOOR
CITY-ST-ZIP MIAMI BEACH FL

TITLE D ☒ DELETE

NAME GONZALEZ, JACKIE
STREET ADDRESS 1700 CONVENTION CENTER DRIVE
CITY-ST-ZIP MIAMI BEACH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/C ☒ Change ☐ Addition

1.2 NAME SCHWARTZ, GERALD K.
1.3 STREET ADDRESS 1688 MERIDIAN AVENUE, 6th FLOOR
1.4 CITY-ST-ZIP MIAMI BEACH, FL 33139

2.1 TITLE D/T ☒ Change ☐ Addition

2.2 NAME TISDALE, JAMES
2.3 STREET ADDRESS 1200 BRICKELL AVENUE, 11th FLOOR
2.4 CITY-ST-ZIP MIAMI, FL 33131

3.1 TITLE D ☐ Change ☒ Addition

3.2 NAME BERNSTEIN, LYNNE
3.3 STREET ADDRESS 301 41st STREET, 3rd FLOOR
3.4 CITY-ST-ZIP MIAMI BEACH, FL 33140

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 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

Date

Daytime Phone #

CR2E037 (11/98)