

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N95000005180**

1. Entity Name

MIAMI BEACH TRANSPORTATION MANAGEMENT ASSOCIATIO**FILED**
May 07, 2000 8:00 am
Secretary of State

05-07-2000 90015 009 ****61.25

Principal Place of Business

Mailing Address

**301 41ST ST
5TH FLOOR
MIAMI BEACH FL 33140
US****301 41ST STREET
5TH FLOOR
MIAMI BEACH FL 33140-3633
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0628983

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**EVANS, JUDY
300 41ST ST.
MIAMI 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 | DC | <input type="checkbox"/> Delete |
| NAME | SCHWARTZ, GERALD K | |
| STREET ADDRESS | 1688 MERIDIAN AVENUE, 6TH FLOOR | |
| CITY-ST-ZIP | MIAMI BEACH FL 33139 | |

| | | |
|----------------|------------------------------|--|
| TITLE | DC | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Schwartz, Gerald K. | |
| STREET ADDRESS | 1111 Lincoln Road, Suite 400 | |
| CITY-ST-ZIP | Miami Beach, FL 33139 | |

| | | |
|----------------|----------------------------------|---------------------------------|
| TITLE | DT | <input type="checkbox"/> Delete |
| NAME | TISDALE, JAMES | |
| STREET ADDRESS | 1200 BRICKELL AVENUE, 11TH FLOOR | |
| CITY-ST-ZIP | MIAMI FL 33131 | |

| | | |
|----------------|----------------------|--|
| TITLE | DT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Tisdale, James | |
| STREET ADDRESS | 2950 NW 29th Road | |
| CITY-ST-ZIP | Boca Raton, FL 33431 | |

| | | |
|----------------|----------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BERNSTEIN, LYNNE | |
| STREET ADDRESS | 301 41ST STREET, 3RD FLOOR | |
| CITY-ST-ZIP | MIAMI BEACH FL 33140 | |

| | | |
|----------------|---|--|
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Bernstein, Lynne | |
| STREET ADDRESS | City of Miami Beach | |
| CITY-ST-ZIP | 1700 Convention Center Drive Miami Beach, FL 33139 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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| CITY-ST-ZIP | | |

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| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| 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 217, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attached address, with all other like additions.

SIGNATURE: *Gerald K. Schwartz*

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/00 (305)535-9160

CR2E037 (9/99)