

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

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91149 040 \*\*\*\*61.25

**DOCUMENT # N95000005180**

**1. Entity Name**

**Miami Beach Transportation Management Association**

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

**777 41st Street**

Suite, Apt. #, etc.

**Suite 330**

City & State

**Miami Beach, FL**

Zip

**33140**

Country

**US**

**3. Mailing Address**

**777 41st Street**

Suite, Apt. #, etc.

**Suite 330**

City & State

**Miami Beach, FL**

Zip

**33140**

Country

**US**

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**

**65-0628983**

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

**7. Name and Address of Current Registered Agent**

Name

**Judy I. Evans**

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

**777 41st Street**

**Suite 330**

City

**Miami Beach**

**FL**

Zip Code

**33140**

**DO NOT WRITE  
IN THIS SPACE**

**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**

**FEE IS \$61.25**

**Initial or Amended UBR**

**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**

**TITLE**  
**D/P**  
**NAME**  
**Gerald K. Schwartz**  
**STREET ADDRESS**  
**1111 Lincoln Road, Suite 400**  
**CITY- ST- ZIP**  
**Miami Beach, FL 33139**

**TITLE**  
**D/V/T**  
**NAME**  
**James Tisdale**  
**STREET ADDRESS**  
**2950 NW 29th Road**  
**CITY- ST- ZIP**  
**Boca Raton, FL 33431**

**TITLE**  
**D/S**  
**NAME**  
**Erika Brigham**  
**STREET ADDRESS**  
**1411 Collins Avenue**  
**CITY- ST- ZIP**  
**Miami Beach, FL 33139**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY- ST- ZIP**

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IN THIS SPACE**

**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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

*Judy I. Evans*