

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 17, 2002 8:00 am**  
**Secretary of State**

09-17-2002 90102 031 \*\*\*\*70.00

**DOCUMENT # N99000002543**

1. Entity Name

**MIAMI BEACH ARTS TRUST, INC.**

Principal Place of Business

Mailing Address

1700 CONVENTION CENTER DR. 4TH FLOOR  
 MIAMI BEACH FL 33139

1700 CONVENTION CENTER DR. 4TH FLOOR  
 MIAMI BEACH FL 33139

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

**65-0944084**

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

**LEVY, LAWRENCE A**

**1700 CONVENTION CENTER DR. 4TH FLOOR  
 MIAMI BEACH FL 33139**

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: **D** ☐ Delete  
 NAME: **SAULS, STEPHEN A**  
 STREET ADDRESS: **1700 CONVENTION CENTER DR. 4TH FLOOR**  
 CITY-ST-ZIP: **MIAMI BEACH FL 33139**

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

TITLE: **D** ☐ Delete  
 NAME: **WHITMAN, DAVID**  
 STREET ADDRESS: **1700 CONVENTION CENTER DR. 4TH FLOOR**  
 CITY-ST-ZIP: **MIAMI BEACH FL 33139**

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

TITLE: **DST** ☒ Delete  
 NAME: **LEVY, LAWRENCE A**  
 STREET ADDRESS: **1700 CONVENTION CENTER DR. 4TH FLOOR**  
 CITY-ST-ZIP: **MIAMI BEACH FL 33139**

TITLE: **DST** ☐ Change ☐ Addition  
 NAME: **CLARK-Reynolds**  
 STREET ADDRESS: **1900 Sunset Harbor Dr. Apt 2302**  
 CITY-ST-ZIP: **Miami Beach, FL 33138**

TITLE: ☐ Delete  
 NAME: ☐ Delete  
 STREET ADDRESS: ☐ Delete  
 CITY-ST-ZIP: ☐ Delete

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

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 CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Change ☐ Addition  
 NAME: ☐ Change ☐ Addition  
 STREET ADDRESS: ☐ Change ☐ Addition  
 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: X** **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**X 4.29.02 X 305-673-7050**

Date Daytime Phone #

CR2E037 (9/01)



872270.

FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

August 27, 2002

MIAMI BEACH ARTS TRUST, INC.  
1700 CONVENTION CENTER DR. 4TH FLOOR  
MIAMI BEACH, FL 33139

Subject: MIAMI BEACH ARTS TRUST, INC.

Reference Number: N99000002543

Please be advised, we have received your annual report/uniform business report; however, the report has not been filed and a copy is being returned for the following correction(s):

The fee to file the enclosed nonprofit annual report/uniform business report is ~~\$61.25~~. If a certificate of status is desired, please add an additional \$8.75.

**TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION,  
PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF  
CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA  
32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/jg  
ANNUAL REPORTS SECTION