

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90004 023 \*\*\*\*61.25

**DOCUMENT #** *N9900005828* ✓  
**1. Entity Name**  
*MIAMI BEACH HISTORICAL ASSOCIATION, INC.*

**Principal Place of Business** *P.O. Box 398866*  
**Mailing Address**  
*MIAMI BEACH, FLORIDA 33239*

**2. Principal Place of Business**  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

**3. Mailing Address**  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

DO NOT WRITE IN THIS SPACE

**4. FEI Number** ☐ **Applied For**  
☒ **Not Applicable**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
*ABRAHAM D. LAVENDER*  
*215 SW 105 PLACE*  
*MIAMI, FLORIDA 33174*

**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**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
EXECUTIVE DIRECTOR	ABRAHAM D. LAVENDER	P.O. Box 398866	MIAMI BEACH, FL 33239	<input type="checkbox"/>
DIRECTOR	BRIAN ABRAMSON	P.O. Box 398866	MIAMI BEACH, FL 33239	<input type="checkbox"/>
DIRECTOR	NOAH FRANKLIN	P.O. Box 398866	MIAMI BEACH, FL 33239	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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

**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:** *ABRAHAM D. LAVENDER* *4-10-2000* *305-480-0940*

CR2E037 (9/99)