2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2003
Secretary of State

DOCUMENT# N99000005828

Entity Name: MIAMI BEACH HISTORICAL ASSOCIATION, INC.

Current Principal Place of Business:

% ABRAHAM D. LAVENDER.P.O. BOX 398866
MIAMI BEACH, FL 33239

New Principal Place of Business:

Current Mailing Address:

% ABRAHAM D. LAVENDER.P.O. BOX 398866
MIAMI BEACH, FL 33239

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAVENDER, ABRAHAM D
215 SW 105 PLACE
MIAMI, FL 33174

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: ED ( ) Delete
Name: LAVENDER, ABRAHAM D
Address: P.O. BOX 398866
City-St-Zip: MIAMI BEACH, FL 33239

Title: D ( ) Delete
Name: ABRAMSON, BRIAN
Address: P.O. BOX 398866
City-St-Zip: MIAMI BEACH, FL 33239

Title: D ( ) Delete
Name: GARCIA, LUIS
Address: 1700 CONVENTION CENTER DRIVE
City-St-Zip: MIAMI BEACH, FL 33139

Title: D ( ) Delete
Name: BROOKS, TONY
Address: 1925 WASHINGTON AVE. #11
City-St-Zip: MIAMI BEACH, FL 33139

Title: D ( ) Delete
Name: REED, STUART
Address: 1420 PENNSYLVANIA AVE #302
City-St-Zip: MIAMI BEACH, FL 33139

Title: D ( ) Delete
Name: BERSON, JUDITH
Address: 960 OCEAN DRIVE
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: CAROLYN, KLEPSER
Address: P.O. BOX 398866
City-St-Zip: MIAMI BEACH, FL 33239

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROLYN KLEPSER D 04/27/2003
Electronic Signature of Signing Officer or Director — Date

HERB SOSA
831 9TH STREET
MIAMI BEACH, FL 33139