2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 08:00 AM
Secretary of State

DOCUMENT # P00000103383

1. Entity Name
CITY OF ARTS, INC.

Principal Place of Business	Mailing Address
220 ALHAMBRA CIRCLE SUITE 810	220 ALHAMBRA CIRCLE SUITE 810
CORAL GABLES FL 33134	CORAL GABLES FL 33134

2. Principal Place of Business		3. Mailing Address	
2000 ISLAND BOULEVARD		2000 ISLAND BOULEVARD	
Suite, Apt. #, etc. SUITE 809		Suite, Apt. #, etc. SUITE 809	
City & State NORTH MIAMI FL		City & State NORTH MIAMI FL	
Zip 33160	Country US	Zip 33160	Country US

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1054403 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEHRMAN JEFFREY EESQ
220 ALHAMBRA CIRCLE SUITE 810
CORAL GABLES FL
33134 US

7. Name and Address of New Registered Agent

Name: LEHRMAN JEFFREY EESQ
Street Address (P.O. Box Number is Not Acceptable): 220 ALHAMBRA CIRCLE, SUITE 810
City: CORAL GABLES FL Zip Code: 33134

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 ____________________ 03/19/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: V NAME: SAN MIGUEL PATRICIA MS. STREET ADDRESS: 200 ALHAMBRA CIRCLE, SUITE 810 CITY-ST-ZIP: CORAL GABLES FL 33134	☐ Change ☒ Addition
TITLE: D NAME: LEHRMAN JEFFREY E STREET ADDRESS: 220 ALHAMBRA CIRCLE SUITE 810 CITY-ST-ZIP: CORAL GABLES FL 33134	☐ Delete	TITLE: P/T NAME: AUGIER ANTOINE NMR. STREET ADDRESS: 220 ALHAMBRA CIRCLE SUITE 810 CITY-ST-ZIP: CORAL GABLES FL 33134	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Antoine N. Augier P/T 03/19/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #