

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000045643

1. Entity Name  
AREA OF MIAMI, INC.

Principal Place of Business Mailing Address  
2121 NORTH BAYSHORE DRIVE SUITE 1414 2121 NORTH BAYSHORE DRIVE SUITE 1414  
MIAMI FL 33137 MIAMI FL 33137

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

**FILED**  
**Jan 10, 2002 8:00 am**  
**Secretary of State**

01-10-2002 90008 028 \*\*\*150.00

00001043



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1100371 Applied For Not Applicable

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

## 6. Name and Address of Current Registered Agent

CARLSON, SARAH  
2121 NORTH BAYSHORE DRIVE SUITE 1414  
MIAMI FL 33137

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

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, 2002 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

TITLE PTD  
NAME CARLSON, SARAH  
STREET ADDRESS 2121 NORTH BAYSHORE DRIVE SUITE 1414  
CITY-ST-ZIP MIAMI FL 33137 ☐ Delete

TITLE VSD  
NAME ALVAREZ, CLAUDIA  
STREET ADDRESS 1638 SOUTH BAYSHORE COURT SUITE 401  
CITY-ST-ZIP MIAMI FL 33133 ☒ Delete

TITLE D  
NAME MARKS, LYDIA  
STREET ADDRESS 456 WEST 57TH STREET SUITE 5B  
CITY-ST-ZIP NEW YORK NY 10019 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE DIRECTOR & VICE PRESIDENT  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition

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

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

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

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: SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 7, 2002 305.573.5358  
Date Daytime Phone #

0219028 AV

CR2E034 (9/01)