

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000091649

1. Entity Name

MIAMI JAZZ FESTIVAL, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90972 012 ***150.00

Principal Place of Business

2699 SO. BAYSHORE DRIVE
SUITE 600C
MIAMI FL 33133

Mailing Address

2699 SO. BAYSHORE DRIVE
SUITE 600C
MIAMI FL 33133-5422

2. Principal Place of Business

NO CHANGE

3. Mailing Address

NO CHANGE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

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

JOHNSON, ALBERT B II
2699 SO. BAYSHORE DRIVE
SUITE 600C
MIAMI FL 33133

Name **NO CHANGE**

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. 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, 2000 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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **P/D**
STREET ADDRESS **ALBERT B. JOHNSON II**
CITY-ST-ZIP **2699 SOUTH BAYSHORE DRIVE, SUITE 600C**
MIAMI, FL 33133

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **SCOTT L. PRICE**
CITY-ST-ZIP **2699 SOUTH BAYSHORE DRIVE, SUITE 600C**
MIAMI, FL 33133

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Albert B. JOHNSON II Apr 25, 2000 (305) 358-8545

CR2E034 (9/99)