

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90008 043 ****70.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # 739337
 1. Entity Name
DOWNTOWN MIAMI PARTNERSHIP, INC.

Principal Place of Business		Mailing Address	
25 S.E. SECOND AVENUE SUITE #1007 MIAMI FL 33131 US		25 S.E. SECOND AVENUE SUITE #1007 MIAMI FL 33131-1604 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number **59-1743641**

Applied For	Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

KAPUSTIN, RAFAEL
 25 S.E. SECOND AVENUE
 SUITE #750
 MIAMI FL 33131

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	KAPUSTIN, RAFAEL
STREET ADDRESS	25 S.E. 2ND AVENUE
CITY-ST-ZIP	MIAMI FL
TITLE	PD <input type="checkbox"/> Delete
NAME	PARDO, GEORGINA
STREET ADDRESS	25 SE 2ND AVENUE, #1007
CITY-ST-ZIP	MIAMI FL
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	WINTON, JOHN
STREET ADDRESS	25 SE 2ND AVE #1007
CITY-ST-ZIP	MIAMI FL
TITLE	S <input type="checkbox"/> Delete
NAME	BEHAR, YOSHUA SAL
STREET ADDRESS	25 SE 2ND AVENUE, #1007
CITY-ST-ZIP	MIAMI FL
TITLE	T <input type="checkbox"/> Delete
NAME	GELOTTE, LUCIA
STREET ADDRESS	8 SE 2 AVE. #909
CITY-ST-ZIP	MIAMI FL 33131
TITLE	D <input type="checkbox"/> Delete
NAME	ROK, SERGIO
STREET ADDRESS	25 SE 2 AVENUE
CITY-ST-ZIP	MIAMI FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D Sherman, Jeff
STREET ADDRESS	25 SE 2 Ave #1007
CITY-ST-ZIP	MIAMI FL 33131
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Georgina Pardo 1/28/00 305 375-7070
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)