

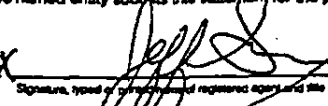
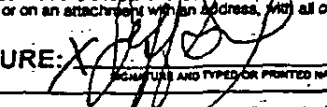
2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 SEP -6 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08/07/01 90022006 \$61.25
2001 AMENDED UBR

DOCUMENT # 739337			
1. Entity Name Downtown Miami Partnership, Inc.			
Principal Place of Business 25 S.E. Second Ave. Suite # 1007 Miami, FL 33131		Mailing Address 25 S.E. Second Ave. Suite, #1007 Miami, FL 33131	
2. Principal Place of Business US		3. Mailing Address US	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-1743641		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent Yapustin, Rafael 25 S.E. Second Ave. Suite, #750 Miami, FL 33131		7. Name and Address of New Registered Agent Name Sherman, Jeff Street Address (P.O. Box Number is Not Acceptable) 168 S.E. First Street Suite, # 803 City Miami FL Zip Code 33131	
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 		Jeff Sherman, President 6/20/01 <small>(NOTE: Registered Agent signature required when resigning.)</small>	
FILE NOW FEES: \$61.25		8. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make Check Payable to Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kapustin, Rafael 25 S.E. 2nd Ave. Miami, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gelotte, Lucia 85 E. 2nd Ave #909 Miami, FL 33131 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rok, Sergio 25 S.E. 2nd Ave. Miami, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Sherman, Jeff 168 SE 1 St #803 MIAMI FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Pardo, Georgina 25 SE 2 Ave #1007 Miami FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rozenal, Ignacio David 25 SE 2 Ave #1007 Miami FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kozolchyk, Boris 25 SE 2 Ave #1007 Miami FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 		Jeff Sherman, President 06/20/01 (305) 379-7070	

CR2E037 (1/1/00)