

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90134 025 ****70.00

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
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1763641

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

SHERMAN, JEFF
 168 S.E. FIRST STREET
 SUITE #803
 MIAMI FL 33131

Name Lucia Gelotte

Street Address (P.O. Box Number is Not Acceptable)

8 SE 2 Ave. # 909

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 Lucia Gelotte

1/29/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$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 Delete
 NAME **D**
GELOTTE, LUCIA
 STREET ADDRESS **8 S.E. 2ND AVENUE, #909**
 CITY-ST-ZIP **MIAMI FL**

TITLE Change Addition
 NAME **V.P. Paul Imbrone**
 STREET ADDRESS **25 SE 2 Ave. #1007**
 CITY-ST-ZIP **Miami FL 33131**

TITLE Delete
 NAME **V**
PARDO, GEORGINA
 STREET ADDRESS **25 SE 2ND AVENUE, #1007**
 CITY-ST-ZIP **MIAMI FL**

TITLE Change Addition
 NAME **President Georgina Pardo**
 STREET ADDRESS **25 SE 2 Ave #1007**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE Delete
 NAME **P**
SHERMAN, JEFF
 STREET ADDRESS **168 S.E. 1 STREET, #803**
 CITY-ST-ZIP **MIAMI FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
ROZENTAL, IGNACIO DAVID
 STREET ADDRESS **25 SE 2 AVE #1007**
 CITY-ST-ZIP **MIAMI FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
KOZOLCHYK, BORIS
 STREET ADDRESS **25 S.E. 2ND AVENUE, #1007**
 CITY-ST-ZIP **MIAMI FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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: Lucia Gelotte - Lucia Gelotte 1-9-02 3053797070

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)