

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 753293**

1. Entity Name

**THE BAKEHOUSE ART COMPLEX, INC.****FILED**  
**Feb 15, 2000 8:00 am**  
**Secretary of State**

02-15-2000 90005 025 \*\*\*\*70.00

Principal Place of Business

Mailing Address

**THE BAKEHOUSE ART COMPLEX**  
**MIAMI FL 33127****561 N.W. 32ND ST.**  
**MIAMI FL 33127-3749**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-2104864**

Applied For

Not Applicable

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

**APFEL, ROBERT**  
**400 ARTHUR GODFREY RD**  
**MIAMI BCH FL 33140**

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

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	PD	<input type="checkbox"/> Delete
NAME	ARFEL, ROBERT	
STREET ADDRESS	400 ARTHUR GODFREY RD	
CITY-ST-ZIP	MIAMI BCH. FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MIZRACH, LARRY	
STREET ADDRESS	5253 SW 71ST PLACE	
CITY-ST-ZIP	MIAMI, FL 33181	
TITLE	SD	<input type="checkbox"/> Delete
NAME	COX, PETE	
STREET ADDRESS	8375 SCHOOLHOUSE RD	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALDBERG, JEAN	
STREET ADDRESS	10431 SW 111TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SALICHS, SUZANNE	
STREET ADDRESS	PO BOX 141107	
CITY-ST-ZIP	CORAL GABLES FL 33114	
TITLE	D	<input type="checkbox"/> Delete
NAME	PARDO, DAMIAN	
STREET ADDRESS	1 SE. 3 AVE 16 FL	
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		
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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: SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)