

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90084 035 ****61.25

DOCUMENT # N01000008174



1. Entity Name
ART DECO MUSEUM, INC.

Principal Place of Business
**1001 OCEAN DRIVE
1ST. FLOOR
MIAMI BEACH, FL 33139 US**

Mailing Address
**PO BOX 190180
MIAMI BEACH, FL 33139 US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03072007 Chg-NP CR2E037 (12/06)

4. FEI Number
NOT APPLICABLE

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

**PERWIN, JEAN
25 SE SECOND AVENUE
SUITE 1144
MIAMI, FL 33131**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **C** ☐ Delete
NAME **DUNLOP, BETH**
STREET ADDRESS **5851 NORTH BAY RD**
CITY-ST-ZIP **MIAMI BEACH, FL 33140**

TITLE **VC** ☐ Delete
NAME **PYNES, STEVE**
STREET ADDRESS **4581 POST AVE**
CITY-ST-ZIP **MIAMI BEACH, FL 33140**

TITLE **VC** ☐ Delete
NAME **CHASE, BARRY**
STREET ADDRESS **4775 COLLINS AVE APT#601**
CITY-ST-ZIP **MIAMI BEACH, FL 33140**

TITLE **VC** ☐ Delete
NAME **PERWIN, JEAN**
STREET ADDRESS **25 SE 2ND. AVE SUITE #1144**
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE **T** ☐ Delete
NAME **OLIVER, MANAL**
STREET ADDRESS **3121 SHERIDAN AVE**
CITY-ST-ZIP **MIAMI BEACH, FL 33140**

TITLE **S** ☒ Delete
NAME **SOLERA, LOURDES**
STREET ADDRESS **13620 SW 102 COURT**
CITY-ST-ZIP **MIAMI, FL 33176**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Change ☒ Addition
NAME **Downs, Diane**
STREET ADDRESS **1521 Alton Road #804**
CITY-ST-ZIP **Miami Beach FL 33139**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

William Farlas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03.12.07 305.622.2014