

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2008 8:00 am**  
**Secretary of State**

04-02-2008 90147 001 \*\*\*183.75

DOCUMENT # N04000004411

1. Entity Name  
MIAMI BEACH ART DECO WEEKEND, INC.



Principal Place of Business  
1001 OCEAN DRIVE  
MIAMI BEACH, FL 33139

Mailing Address  
PO BOX 190180  
MIAMI BEACH, FL 33119

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

03172008 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 2ND. AVE 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, 2008**

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 ROAD  
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 CHAIR ☐ Change ☒ Addition  
NAME DOWNS, DIANE  
STREET ADDRESS 1521 ALTON ROAD # 804  
CITY-ST-ZIP MIAMI BEACH FL 33139

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

TITLE VICE CHAIR ☐ Change ☒ Addition  
NAME HOLLAND, ERIC  
STREET ADDRESS 616-47 STREET  
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE VICE CHAIR ☐ Change ☒ Addition  
NAME MARCUS, ARTHUR  
STREET ADDRESS 1450 LINCOLN ROAD # 866  
CITY-ST-ZIP MIAMI BEACH FL 33139

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

TITLE SECRETARY ☐ Change ☒ Addition  
NAME BACHAY, JOHN  
STREET ADDRESS 9328 NE 9 AVENUE  
CITY-ST-ZIP MIAMI SHORES FL 33138

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William Farkas William Farkas 11/26, 2008 305-672-2014

Date

Daytime Phone #