

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753293

FILED
Mar 07, 2018
Secretary of State
CC7890110920

Entity Name: THE BAKEHOUSE ART COMPLEX, INC.

Current Principal Place of Business:

561 NW 32ND ST.
MIAMI, FL 33127

Current Mailing Address:

561 NW 32ND ST.
MIAMI, FL 33127 US

FEI Number: 59-2104864

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

BENIQUEZ, ALEJANDRA
C/O KAUFMAN ROSSIN
2699 S BAYSHORE DRIVE SUITE 300
MIAMI, FL 33133 US

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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name KLINE, LAWRENCE
Address 806 DOUGLAS RD
SUITE 300
City-State-Zip: CORAL GABLES FL 33134

Title P
Name KORMAN, JASON
Address 1521 ALTON ROAD
SUITE 518
City-State-Zip: MIAMI BEACH FL 33139

Title DIRECTOR
Name RIEDI, CLAUDIO
Address 1111 BRICKELL AVENUE
SUITE 2200
City-State-Zip: MIAMI FL 33131

Title CO-EXECUTIVE DIRECTOR
Name SCHERL, MARY ELLEN
Address 561 NW 32ND ST.
City-State-Zip: MIAMI FL 33127

Title CO-EXECUTIVE DIRECTOR
Name LEFF, CATHY
Address 561 NW 32ND ST.
City-State-Zip: MIAMI FL 33127

Title DIRECTOR
Name EVANS, DANIEL
Address 561 NW 32ND ST.
City-State-Zip: MIAMI FL 33127

Title DIRECTOR
Name KRIPLEN, MARSH
Address 561 NW 32ND ST.
City-State-Zip: MIAMI FL 33127

Title DIRECTOR
Name LIVINGSTON, MCKENZIE
Address 2 S BISCAYNE BLVD
2100
City-State-Zip: MIAMI FL 33131

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CATHY LEFF

**CO-EXECUTIVE
DIRECTOR**

03/07/2018

Electronic Signature of Signing Officer/Director Detail

Date