

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753293

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:** No**Name and Address of Current Registered Agent:**LEFF, CATHY
561 NW 32ND ST.
MIAMI, FL 33127 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 2800 PONCE DE LEON BOULEVARD
SUITE 1300
City-State-Zip: CORAL GABLES FL 33134

Title SECRETARY
Name RIEDI, CLAUDIO
Address 1200 BRICKELL AVENUE
SUITE 507
City-State-Zip: MIAMI FL 33131

Title TREASURER
Name YAFFAR-PENA, LIA B
Address 2001 MERIDIAN AVENUE
507
City-State-Zip: MIAMI FL 33139

Title DIRECTOR
Name KOFFLER, ADAM
Address 278 NW 37TH STREET
City-State-Zip: MIAMI FL 33127

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

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

Title DIRECTOR
Name DIAZ, JOSE FELIX
Address 2 ALHAMBRA PLAZA
SUITE 102
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR
Name DUVAL-CARRIE, EDOUARD
Address 225 NE 59 ST
City-State-Zip: MIAMI FL 33137

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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**EXECUTIVE DIRECTOR****02/08/2024**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MCCOY, ADRIENE
Address 6855 RED ROAD
SUITE 600
City-State-Zip: CORAL GABLES FL 33143

Title DIRECTOR
Name FRASER, ALEX
Address 2665 SOUTH BAYSHORE DR
SUITE 450
City-State-Zip: COCONUT GROVE FL 33133

Title DIRECTOR
Name EL-KHOURY, RODOLPHE
Address 1513 SIENA AVE
City-State-Zip: CORAL GABLES FL 33146

Title DIRECTOR
Name HEVIA, WESLEY J.
Address 98 SE 7TH STREET
SUITE 110
City-State-Zip: MIAMI FL 33131

Title DIRECTOR
Name HABIF, MAURICE
Address 6833 VERONESE ST
City-State-Zip: CORAL GABLES FL 33146