

**2020 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 806 DOUGLAS RD  
SUITE 300  
City-State-Zip: CORAL GABLES FL 33134

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

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

Title DT  
Name YAFFAR-PENA, LIA B  
Address 561 NW 32ND ST.  
City-State-Zip: MIAMI FL 33127

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

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

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

Title D  
Name DIAZ, JOSE FELIX  
Address 561 NW 32ND ST.  
City-State-Zip: MIAMI FL 33127

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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

ED

01/15/2020

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name KOFFLER, ADAM  
Address 1000 VENETIAN WAY  
EAST TOWER  
City-State-Zip: MIAMI FL 33139

Title DIRECTOR  
Name FREEMAN, BRENDA  
Address 561 NW 32 STREET  
City-State-Zip: MIAMI FL 33127

Title DIRECTOR  
Name KING, CHRISTINE  
Address 720 NE 62 STREET  
PH  
City-State-Zip: MIAMI FL 33137

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