

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

FILED
Jan 15, 2020
Secretary of State
4402738408CC

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

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

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

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

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