

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 753293

**FILED**  
**Jan 26, 2022**  
**Secretary of State**  
**4110644467CC**

**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:**

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

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

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

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

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

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

Title DIRECTOR  
Name FREEMAN, BRENDA  
Address 2700 N MIAMI AVENUE  
PH1001  
City-State-Zip: MIAMI FL 33127

**Continues on page 2**

*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**

**01/26/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

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

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