

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004754

Entity Name: PARTNERS FOR ART AND DESIGN, INC.**Current Principal Place of Business:**2937 SW 27TH AVENUE, SUITE 306
COCONUT GROVE, FL 33131**Current Mailing Address:**2937 SW 27TH AVENUE, SUITE 306
COCONUT GROVE, FL 33131 US**FEI Number: 11-3814554****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SUAREZ, YOLANDA M ESQ.
10601 SW 69 AVENUE
MIAMI, FL 33156 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	D
Name	HOFFMAN, DEBORAH
Address	3525 BAYSHORE VILLAS DRIVE
City-State-Zip:	MIAMI FL 33133

Title	PD
Name	CHASE, ABBEY
Address	1660 ONAWAY DRIVE
City-State-Zip:	MIAMI FL 33133

Title	T
Name	CHANCY-GONZALEZ, MIREILLE
Address	280 BAL BAY DRIVE
City-State-Zip:	BAL HARBOUR FL 33154

Title	VD
Name	BRUG-CHIMIELENSKA, MANITA
Address	1800 NE 114 ST., SUITE 409
City-State-Zip:	MIAMI FL 33181

Title	VD
Name	GARCIA, LILIA
Address	415 CALIGULA AVENUE
City-State-Zip:	CORAL GABLES FL 33146

Title	S
Name	SUAREZ, YOLANDA
Address	10601 SW 69 AVENUE
City-State-Zip:	MIAMI FL 33156

Title	D
Name	DAMIAN, CAROL
Address	1010 PALERMO AVENUE
City-State-Zip:	CORAL GABLES FL 33134

Title	D
Name	LAPIDUS, WENDY
Address	4801 PINE DRIVE
City-State-Zip:	MIAMI FL 33143

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: CHANCY-GONZALEZ, MIREILLE**CHANCY-GONZALEZ,
MIREILLE****02/23/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	D
Name	BILLINGS, NANCY
Address	2627 S. BAYSHORE DRIVE #808
City-State-Zip:	COCONUT GROVE FL 33133