

**2020 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 33133**Current Mailing Address:**2937 SW 27TH AVENUE, SUITE 306  
COCONUT GROVE, FL 33133 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

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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: CHANCY-GONZALEZ, MIREILLE****TREASURER****01/20/2020**

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