

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000008322

Entity Name: SLOW BURN THEATRE COMPANY, INC.**Current Principal Place of Business:**201 SW 5TH AVENUE
FORT LAUDERDALE, FL 33312**Current Mailing Address:**201 SW 5TH AVENUE
FORT LAUDERDALE, FL 33312 US**FEI Number:** 27-0802234**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**DEBORAH MARKS, PLLC
18495 SOUTH DIXIE HIGHWAY
134
MIAMI, FL 33157 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:** DEBORAH MARKS

03/21/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title ARTISTIC DIRECTOR
Name FITZWATER, PATRICK E
Address 449 NW 48TH STREET
City-State-Zip: FORT LAUDERDALE FL 33309

Title VP, DIRECTOR
Name KORINKO, MATTHEW W
Address 449 NW 48TH STREET
City-State-Zip: FORT LAUDERDALE FL 33309

Title PRESIDENT/DIRECTOR
Name TRAVERSO, MARK
Address 610 CARRIAGE HILL LANE
City-State-Zip: BOCA RATON FL 33486

Title DIRECTOR, SECRETARY
Name MARKS, DEBORAH
Address 18495 SOUTH DIXIE HIGHWAY
134
City-State-Zip: MIAMI FL 33157

Title DIRECTOR, TREASURER
Name DIAZ, DAVID
Address 201 SW 5TH AVENUE
City-State-Zip: FORT LAUDERDALE FL 33312

Title DIRECTOR
Name VALLE, BARBARA
Address 11741 NW 9TH ST
City-State-Zip: PLANTATION FL 33325

Title DIRECTOR
Name VOLPE, MICHELE
Address 10726 CYPRESS BEND DR
City-State-Zip: BOCA RATON FL 33498

Title DIRECTOR
Name DI PIERRO PAVELIC, MARIANE
Address 4501 GLENWOOD DRIVE
City-State-Zip: COCONUT CREEK FL 33066

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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: MATTHEW W KORINKO

VP, DIRECTOR

03/21/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	TREASURER, DIRECTOR
Name	ODZA, JIM
Address	5602 NW 61ST AVE
City-State-Zip:	CORAL SPRINGS FL 33067