

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10789

Entity Name: ARTS & BUSINESS COUNCIL OF MIAMI, INC.**Current Principal Place of Business:**1637 SW 8 STREET
211
MIAMI, FL 33135**Current Mailing Address:**PO BOX 012100
MIAMI, FL 33101 US**FEI Number:** 59-2593330**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BRUNEY, LAURA
1637 SW 8 STREET
211
MIAMI, FL 33135 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 DIRECTOR
Name GARCIA, RAUL
Address 2699 SOUTH BAYSHORE DRIVE
City-State-Zip: MIAMI FL 33133

Title DIRECTOR
Name EVANS, D. PORPOISE
Address 333 SE 2 AVENUE
4400
City-State-Zip: MIAMI FL 33131

Title CHAIRMAN
Name LABOUREAU, SEBASTIEN
Address 1401 NORTH BAY CAUSEWAY
City-State-Zip: NORTH BAY VILLAGE FL 33189

Title DIRECTOR
Name FUERTES, PAMELA
Address 80 SW 8TH STREET
2400
City-State-Zip: MIAMI FL 33130

Title CEO
Name BRUNEY, LAURA
Address 1637 SW 8 STREET
211
City-State-Zip: MIAMI FL 33135

Title DIRECTOR
Name SHERIT, AMY
Address 21355 E DIXIE HWY
106
City-State-Zip: AVENTURA FL 33180

Title VC
Name BELTH, STEPHEN
Address 815 N. HOMESTEAD BLVD.
132
City-State-Zip: HOMESTEAD FL 33030

Title DIRECTOR
Name GALPERIN, NOELLE
Address 5840 SOUTHWEST 116TH STREET
City-State-Zip: MIAMI FL 33156

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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: LAURA BRUNEY**PRESIDENT & CEO****01/11/2018**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title TREASURER
Name LEVERETT, KYLE
Address 2699 SOUTH BAYSHORE DR
City-State-Zip: MIAMI FL 33133

Title DIRECTOR
Name GIESBERT, PHILLIPA
Address 20533 BISCAYNE BLVD
 916
City-State-Zip: MIAMI FL 33180

Title DIRECTOR
Name DIAZ LEAL, CLARA
Address 2159 CORAL WAY
City-State-Zip: MIAMI FL 33135

Title SECRETARY
Name EVANS, D. PORPOISE
Address 283 CATALONIA AVE
 1201 200
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR
Name COPELAND, JOHN
Address 1300 S BISCAYNE BLVD
City-State-Zip: MIAMI FL 33130

Title DIRECTOR
Name JOSE, GONZALEZ
Address PO BOX 141916
City-State-Zip: MIAMI FL 33134

Title DIRECTOR
Name COPPALECCHIA, ELIZABETH
Address 2525 PONCE DE LEON BLVD
 700
City-State-Zip: CORAL GABLES FL 33134