2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10789

Entity Name: ARTS & BUSINESS COUNCIL OF MIAMI, INC.

Feb 26, 2019 **Secretary of State** 3435016897CC

FILED

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:

Date

Officer/Director Detail:

DIRECTOR Title Title CEO

Electronic Signature of Registered Agent

BRUNEY, LAURA Name GARCIA, RAUL Name

1637 SW 8 STREET 2699 SOUTH BAYSHORE DRIVE Address Address

City-State-Zip: MIAMI FL 33133 City-State-Zip: MIAMI FL 33135

Title **DIRECTOR**

Title **DIRECTOR** Name SHERIT, AMY

Name LABOUREAU, SEBASTIEN 21355 E DIXIE HWY Address

1504 BAY ROAD #823 Address 106

City-State-Zip: AVENTURA FL 33180 City-State-Zip: MIAMI BEACH FL 33139

Title **DIRECTOR** Title **CHAIRMAN**

Name FUERTES, PAMELA Name BELTH, STEPHEN

Address 815 N. HOMESTEAD BLVD. Address 100 MINORCA AVE 132

City-State-Zip: CORAL GABLES FL 33134 City-State-Zip: HOMESTEAD FL 33030

Title **TREASURER** Title DIRECTOR

Name LEVERETT, KYLE Name GALPERIN, NOELLE

Address 2699 SOUTH BAYSHORE DR Address 5840 SOUTHWEST 116TH STREET

City-State-Zip: MIAMI FL 33133 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.

02/26/2019 SIGNATURE: LAURA BRUNEY **CEO**

Officer/Director Detail Continued:

Title **DIRECTOR** Title DIRECTOR

Name COPELAND, JOHN Name JOSE, GONZALEZ Address 701 BRICKELL AVE Address PO BOX 141916 2700

City-State-Zip: MIAMI FL 33134 MIAMI FL 33131 City-State-Zip:

Title DIRECTOR Title DIRECTOR

Name COPPALECCHIA, ELIZABETH DIAZ LEAL, CLARA Name 2525 PONCE DE LEON BLVD Address

Address 2159 CORAL WAY

City-State-Zip: CORAL GABLES FL 33134 City-State-Zip: MIAMI FL 33135

Title DIRECTOR Title DIRECTOR

Name BEN-DAVID, MORGAN Name HILLIARD, LOURDES

Address 2121 NW 2 AVE 8950 SW 74 CT Address 2201 201

City-State-Zip: MIAMI FL 33127 City-State-Zip: MIAMI FL 33156