#### 2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10789

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

**FILED** Mar 07, 2022 **Secretary of State** 9826631820CC

#### **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: No

# 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 Title BRUNEY, LAURA GIBEL, ROSANNE Name Name **1637 SW 8 STREET** 21355 E DIXIE HWY Address Address

City-State-Zip: MIAMI FL 33135 City-State-Zip: AVENTURA FL 33180

Title **DIRECTOR** Title

Name LABOUREAU, SEBASTIEN Name BELTH, STEPHEN

1504 BAY ROAD #823 Address Address 815 N. HOMESTEAD BLVD.

City-State-Zip: MIAMI BEACH FL 33139

VC

City-State-Zip: HOMESTEAD FL 33030 Title **DIRECTOR** 

Title **TREASURER** Name FUERTES, PAMELA

LEVERETT, KYLE Name 300 N 2 AVENUE Address

Address 2699 SOUTH BAYSHORE DR MIAMI FL 33132 City-State-Zip:

City-State-Zip: MIAMI FL 33133

Title DIRECTOR

Title DIRECTOR COPELAND, JOHN Name

Name GONZALEZ, JOSE 701 BRICKELL AVE Address

2700 Address PO BOX 141916

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

## 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: LAURA ANN BRUNEY

PRESIDENT/CEO

03/07/2022

## Officer/Director Detail Continued:

TitleSECRETARYTitleCHAIRMANNameCOPPALECCHIA, ELIZABETHNameBUDET, MARIAAddress2525 PONCE DE LEON BLVD<br/>700Address80 SW 8 ST<br/>2400

City-State-Zip: CORAL GABLES FL 33134 City-State-Zip: MIAMI FL 33130

TitleDIRECTORTitleDIRECTORNameAMORO, AUDRINameHICKS, JOHNAddress2490 CORAL WAYAddress2780 NE 183 STREET<br/>711

City-State-Zip: MIAMI FL 33135

City-State-Zip: AVENTURA FL 33160

 Title
 DIRECTOR
 Title
 DIRECTOR

 Name
 PERSON, JENNI
 Name
 ROSS, MATTHEW

Address 1300 BISCAYNE BLVD Address 200 ALHAMBRA CIRCLE

City-State-Zip: MIAMI FL 33132 1001

City-State-Zip: CORAL GABLES FL 33134