

2021 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 CEO
Name BRUNEY, LAURA
Address 1637 SW 8 STREET
City-State-Zip: MIAMI FL 33135

Title DIRECTOR
Name GIBEL, ROSANNE
Address 1637 SW 8 STREET
City-State-Zip: MIAMI FL 33135

Title DIRECTOR
Name LABOUREAU, SEBASTIEN
Address 1504 BAY ROAD #823
City-State-Zip: MIAMI BEACH FL 33139

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

Title DIRECTOR
Name FUERTES, PAMELA
Address 300 N 2 AVENUE
City-State-Zip: MIAMI FL 33132

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

Title DIRECTOR
Name COPELAND, JOHN
Address 701 BRICKELL AVE
2700
City-State-Zip: MIAMI FL 33131

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

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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 ANN BRUNEY**PRESIDENT & CEO****01/30/2021**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name VASALLO , RALPH
Address 2159 CORAL WAY
City-State-Zip: MIAMI FL 33135

Title DIRECTOR
Name HILLIARD, LOURDES
Address 8950 SW 74 CT
2201
City-State-Zip: MIAMI FL 33156

Title VC
Name BUDET, MARIA
Address 80 SW 8 ST
2400
City-State-Zip: MIAMI FL 33130

Title DIRECTOR
Name AMORO, AUDRI
Address 2490 CORAL WAY
City-State-Zip: MIAMI FL 33135

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

Title DIRECTOR
Name BEN-DAVID, MORGAN
Address 2121 NW 2 AVE
201
City-State-Zip: MIAMI FL 33127

Title DIRECCTOR
Name SMITH, NICOLE
Address 1300 BISCAYNE BLVD
City-State-Zip: MIAMI FL 33132