

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000002084

**FILED**  
**Jan 26, 2023**  
**Secretary of State**  
**6686688322CC**

**Entity Name:** MIAMI CENTER FOR ARCHITECTURE & DESIGN, INC.

**Current Principal Place of Business:**

2800 PONCE DE LEON BLVD  
1300  
CORAL GABLES, FL 33134

**Current Mailing Address:**

2800 PONCE DE LEON BLVD  
1300  
CORAL GABLES, FL 33134 US

**FEI Number:** 45-4978398

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

JACOBS, CHERYL H  
2800 PONCE DE LEON BLVD  
1300  
CORAL GABLES, FL 33134 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 S/T  
Name RODRIGUEZ, MIGUEL FAIA  
Address 2121 PONCE DE LEON BLVD  
1010  
City-State-Zip: CORAL GABLES FL 33134

Title PAST PRESIDENT  
Name HERNANDEZ, SARA  
Address 250 PALERMO AVE  
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR  
Name SCHVARTZ, PETULIA  
Address 13091 NW 43RD AVE  
UNIT A-2  
City-State-Zip: OPA LOCKA FL 33054

Title DIRECTOR  
Name MOSS, BRETT AIA  
Address 1200 BRICKELL AVE  
1410  
City-State-Zip: MIAMI FL 33131

Title DIRECTOR  
Name ZYSCOVICH, BERNARD FAIA  
Address 100 N BISCAYNE BLVD  
27TH FL  
City-State-Zip: MIAMI FL 33132

Title DIRECTOR  
Name BUSCH, CLAUDIA ASSOC AIA  
Address 2200 NW 2ND AVE  
SUITE 203  
City-State-Zip: MIAMI FL 33127

Title DIRECTOR  
Name HILLS, KIM  
Address 200 S BISCAYNE BLVD  
SUITE 2929  
City-State-Zip: MIAMI FL 33131

Title DIRECTOR  
Name LINARES, DANET  
Address 1450 BRICKELL AVE  
SUITE 2060  
City-State-Zip: MIAMI FL 33131

**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:** JASON HAGOPIAN

**IMMEDIATE PAST  
PRESIDENT**

**01/26/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail Date

**Officer/Director Detail Continued :**

Title IMMEDIATE PAST PRESIDENT  
Name HAGOPIAN, JASON AIA  
Address 1512 E BROWARD BLVD  
SUITE 205  
City-State-Zip: FT. LAUDERDALE FL 33301

Title DIRECTOR  
Name GARATE, NICK  
Address 571 NW 28 STREET  
211  
City-State-Zip: MIAMI FL 33127

Title PRESIDENT  
Name FUMAGALI, KATRINA AIA  
Address 343 ALMERIA AVE  
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR  
Name GUTIERREZ, CARLOS A  
Address 1301 E BROWARD BLVD  
300  
City-State-Zip: FT. LAUDERDALE FL 33301

Title DIRECTOR  
Name PAULOSE, TESS  
Address TWO SOUTH BISCAYNE BLVD  
City-State-Zip: MIAMI FL 33131

Title DIRECTOR  
Name RISER, DIANA  
Address 1150 HILLSBORO MILE  
703  
City-State-Zip: HILLSBORO BEACH FL 33062

Title DIRECTOR  
Name GUAY, LOUIS O  
Address 1 TOWN CENTER ROAD  
400  
City-State-Zip: BOCA RATON FL 33486

Title DIRECTOR  
Name BLAIR, TIM J  
Address 2 ALHAMBRA PLAZA  
SUITE 900  
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR  
Name SUAREZ, SANDRA  
Address 2800 PONCE DE LEON BLVD  
1300  
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR  
Name WHEATON, ELIZABETH  
Address 20 ISLAND AVE  
City-State-Zip: MIAMI BEACH FL 33139