

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000002084

**FILED**  
**Jan 28, 2021**  
**Secretary of State**  
**7705767251CC**

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

**Current Principal Place of Business:**

310 SE 1ST STREET  
MIAMI, FL 33131

**Current Mailing Address:**

310 SE 1ST STREET  
MIAMI, FL 33131 US

**FEI Number:** 45-4978398

**Certificate of Status Desired:** No

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

JACOBS, CHERYL H  
310 SE 1ST STREET  
MIAMI, FL 33131 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 PRESIDENT, OTHER  
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

**PRESIDENT**

**01/28/2021**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            PRESIDENT  
Name            HAGOPIAN, JASON  
Address        7636 NE 4TH CT.  
                 SUITE 101  
City-State-Zip: MIAMI FL 33138

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

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