2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000002084

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

FILED Jan 22, 2020 **Secretary of State** 5528263680CC

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: Yes

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:

Date Electronic Signature of Registered Agent

Officer/Director Detail :

206

Title IMMEDIATE PAST PRESIDENT Title S/T

SOTO, NATIVIDAD FAIA RODRIGUEZ, MIGUEL FAIA Name Name Address

901 PONCE DE LEON BOULEVARD Address 2121 PONCE DE LEON BLVD SUITE 304 1010

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

Title **PRESIDENT** Title **DIRECTOR**

Name HERNANDEZ, SARA Name STEVEN, EISENBERG ESQ.

Address 2601 S BAYSHORE DRIVE Address 255 ARAGON AVE

600 2ND FL

COCONUT GROVE FL 33133 City-State-Zip: CORAL GABLES FL 33134 City-State-Zip:

Title **DIRECTOR** Title **DIRECTOR**

Name SCHVARTZ, PETULIA Name MOSS, BRETT AIA Address 13091 NW 43RD AVE Address 1200 BRICKELL AVE

UNIT A-2 1410

City-State-Zip: OPA LOCKA FL 33054 City-State-Zip: MIAMI FL 33131

Title **DIRECTOR** Title **DIRECTOR**

OBERHAUSEN, JOSHUA ZYSCOVICH, BERNARD FAIA Name Name

Address 1000 LINCOLN ROAD Address 100 N BISCAYNE BLVD

27TH FL

MIAMI BEACH FL 33139 City-State-Zip: MIAMI FL 33132 City-State-Zip:

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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: SARA HERNANDEZ 01/22/2020 **PRESIDENT**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

TitleDIRECTORTitleDIRECTORNameBUSCH, CLAUDIA ASSOC AIANameHILLS, KIM

Address 2200 NW 2ND AVE Address 200 S BISCAYNE BLVD

SUITE 203 SUITE 2929

City-State-Zip: MIAMI FL 33127 City-State-Zip: MIAMI FL 33131

Title DIRECTOR Title VP

Name LINARES, DANET Name HAGOPIAN, JASON

Address 1450 BRICKELL AVE Address 7636 NE 4TH CT.

SUITE 2060 SUITE 101

City-State-Zip: MIAMI FL 33131 City-State-Zip: MIAMI FL 33138