

2021 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N12000002084

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

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

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

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

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

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

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

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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: JASON HAGOPIAN

PRESIDENT

04/23/2021

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 VP
Name FUMAGALI, KATRINA
Address 310 SE 1ST STREET
City-State-Zip: MIAMI FL 33131

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

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