2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000002084

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

FILED Jan 26, 2019 Secretary of State 0093223056CC

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:

City-State-Zip:

City-State-Zip:

Date

Officer/Director Detail :

Title IMMEDIATE PAST PRESIDENT Title S/T

Electronic Signature of Registered Agent

SOTO, NATIVIDAD FAIA RODRIGUEZ, MIGUEL FAIA Name Name 2121 PONCE DE LEON BLVD Address 901 PONCE DE LEON BOULEVARD Address

SUITE 304 1010

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

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

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 SNOW, KRICKET AIA Name Name Address 1000 LINCOLN ROAD Address 806 DOUGLAS ROAD

> 206 300

MIAMI BEACH FL 33139 City-State-Zip: CORAL GABLES FL 33134 City-State-Zip:

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2ND FL

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 01/26/2019 **PRESIDENT**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

DIRECTOR Title Title DIRECTOR

Name ZYSCOVICH, BERNARD FAIA Name BUSCH, CLAUDIA ASSOC AIA

Address 100 N BISCAYNE BLVD Address 2200 NW 2ND AVE

27TH FL SUITE 203

MIAMI FL 33127 City-State-Zip: MIAMI FL 33132 City-State-Zip:

DIRECTOR Title DIRECTOR Title Name LINARES, DANET Name HILLS, KIM

Address 200 S BISCAYNE BLVD Address 1450 BRICKELL AVE

SUITE 2929 SUITE 2060

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

VΡ Title DIRECTOR Title

LOMBARD, JOANNA AIA Name HAGOPIAN, JASON Name

Address 3621 BAYVIEW ROAD Address 7636 NE 4TH CT. SUITE 101

City-State-Zip: MIAMI FL 33133 MIAMI FL 33138

City-State-Zip: