

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

DOCUMENT# N34581

**FILED**  
**Feb 05, 2021**  
**Secretary of State**  
**4883104734CC**

**Entity Name:** BUSINESS FOR THE ARTS OF BROWARD, INC.

**Current Principal Place of Business:**

401 EAST LAS OLAS BLVD STE 800  
FT. LAUDERDALE, FL 33301

**Current Mailing Address:**

401 EAST LAS OLAS BLVD SUITE 800  
FT. LAUDERDALE, FL 33301 US

**FEI Number:** 65-0151424

**Certificate of Status Desired:** No

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

LEVAN, JARETT  
ONE WEST LAS OLAS BLVD  
SUITE 500  
FORT LAUDERDALE, FL 33301 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:** JARETT LEVAN

02/05/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title AT LARGE  
Name PILGRAM, MIGUEL  
Address THE PILGRAM GROUP  
111 SW 6TH ST 106  
City-State-Zip: FT LAUDERDALE FL 33301

Title TREASURER  
Name SANDLER , ERIS  
Address BANKUNITED  
333 E. LAS OLAS BLVD  
City-State-Zip: FT. LAUDERDALE FL 33301

Title VICE CHAIR  
Name EPSTEIN, JOEY  
Address BDO  
301 E LAS OLAS BLVD 4TH FLOOR  
City-State-Zip: FORT LAUDERDALE FL 33301

Title CHAIR EMERITUS  
Name LEVAN, JARETT  
Address 401 EAST LAS OLAS BLVD SUITE 800  
City-State-Zip: FT. LAUDERDALE FL 33301

Title DIRECTOR  
Name VEGAS, ROBYN  
Address 401 EAST LAS OLAS BLVD SUITE 800  
City-State-Zip: FT. LAUDERDALE FL 33301

Title IMMEDIATE PAST  
Name KOPELOWITZ, BRIAN ESQ.  
Address ONE WEST LAS OLAS BLVD  
SUITE 500  
City-State-Zip: FORT LAUDERDALE FL 33301

Title SECRETARY  
Name PIERSON, MARIA  
Address BAYVIEW CORPORATE TOWER  
6451 N. FEDERAL HWY. 1200  
City-State-Zip: FORT LAUDERDALE FL 33308

*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:** ROBYN VEGAS

**DIRECTOR OF  
PROGRAMS**

02/05/2021

Electronic Signature of Signing Officer/Director Detail

Date