#### 2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34581

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

FILED Apr 19, 2019 Secretary of State 1193754341CC

# **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:

KOPELOWITZ, BRIAN 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:

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title IMMEDIATE PAST CHAIR Title S

Name BULFIN, GAIL Name SANDLER, ERIS

Address 110 E BROWARD BLVD Address 900 SOUTHEAST 3RD AVE., SUITE 200

**SUITE 1990** 

City-State-Zip: FT LAUDERDALE FL 33301 City-State-Zip: FT. LAUDERDALE FL 33316

TitleTTitleCHAIR EMERITUSNameEPSTEIN, JOEYNameLEVAN, JARETT

Address 100 N.E. 3RD AVE STE 300 Address 401 EAST LAS OLAS BLVD SUITE 800

City-State-Zip: FORT LAUDERDALE FL 33301 City-State-Zip: FT. LAUDERDALE FL 33301

Title DIRECTOR Title CHAIR

Name VEGAS, ROBYN Name KOPELOWITZ, BRIAN ESQ.

Address 401 EAST LAS OLAS BLVD SUITE 800 Address ONE WEST LAS OLAS BLVD

SUITE 500

City-State-Zip: FT. LAUDERDALE FL 33301 City-State-Zip: FORT LAUDERDALE FL 33301

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 04/19/2019