

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 707532

1. Entity Name

ACADEMY OF ARTS AND SCIENCES OF THE AMERICAS, IN

Principal Place of Business

9450 OLD CUTLER ROAD  
MIAMI FL 33156  
US

Mailing Address

9450 OLD CUTLER ROAD  
THE GATE HOUSE  
MIAMI FL 33156  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6167628

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KROHNGOLD, ROBERT CPA  
ATTN ACADEMY OF ARTS & SCICES OF THE AMER  
9450 OLD CUTLER RD  
MIAMI FL 33156

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME FIELD, JULIA ALLEN  
STREET ADDRESS 9450 OLD CUTLER ROAD  
CITY-ST-ZIP MIAMI FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☐ Delete  
NAME MILLAS, ROLANDO  
STREET ADDRESS 3280 S MIAMI AVE  
CITY-ST-ZIP MIAMI FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☐ Delete  
NAME PENA, DORA GARCIA  
STREET ADDRESS 8901 SW 64TH COURT  
CITY-ST-ZIP MIAMI, FL 00000

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T ☐ Delete  
NAME FRISWELL, ROSE M  
STREET ADDRESS 13983 SW 46 TERR  
CITY-ST-ZIP MIAMI, FL 00000

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME VEZIROGLU, NEJAT  
STREET ADDRESS 1251 MEMORIAL DR.  
CITY-ST-ZIP MIAMI FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Julia Allen Field*

JULIA ALLEN FIELD 4/29/2001 663-9897



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)