

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2002 8:00 am
Secretary of State

09-08-2002 90099 034 ****70.00

DOCUMENT # 707532

1. Entity Name

ACADEMY OF ARTS AND SCIENCES OF THE AMERICAS, IN C.

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,
 min. will be \$236.25.**

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 ☐ Change ☐ Addition
 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 Millas, Rolando J. Jr.
 STREET ADDRESS 1206 Ferdinand St.
 CITY-ST-ZIP Coral Gables, FL

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 For Cunningham
 STREET ADDRESS 2690 SW 22 Ave
 CITY-ST-ZIP Coconut Grove FL

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 the empowered.

SIGNATURE:

Signature and typed or printed name of signing officer or director

September 10, 2002 305-663-9897

CR2E037 (4/02)