

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2003 8:00 am**  
**Secretary of State**

05-19-2003 90220 018 \*\*\*\*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

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>FIELD, JULIA ALLEN</b>	
STREET ADDRESS	<b>9450 OLD CUTLER ROAD</b>	
CITY-ST-ZIP	<b>MIAMI FL 33156</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>MILLAS, ROLANDO J JR</b>	
STREET ADDRESS	<b>1208 FERDINAM ST</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>PENA, DORA GARCIA</b>	
STREET ADDRESS	<b>8901 SW 64TH COURT</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>CUNNINGHAM, FAY</b>	
STREET ADDRESS	<b>2690 SW 22 AVE</b>	
CITY-ST-ZIP	<b>COCONUT GROVE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>VEZIROGLU, NEJAT</b>	
STREET ADDRESS	<b>1231 MEMORIAL DR.</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>Dr. Nejat Veziroglu</b>	<input type="checkbox"/> Delete
NAME	<b>Director, Clean Energy Institute</b>	
STREET ADDRESS	<b>University of Miami</b>	
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 19.07(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 627, 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:

SIGNATURE

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)