

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2004 8:00 am
Secretary of State

07-21-2004 90022 025 ****61.25

DOCUMENT # 713094

1. Entity Name
THE FRIENDS OF ART, INC.



Principal Place of Business
**1301 STANFORD DRIVE
CORAL GABLES, FL 33146**

Mailing Address
**1301 STANFORD DRIVE
CORAL GABLES, FL 33146**

54064020



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07142004

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number

59-6192862

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**DURSAM, BRIAN
1301 STANFORD DR
CORAL GABLES, FL 33146-9005**

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

**Filing Fee Is \$61.25
Due by September 8, 2004**

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 PD
NAME EHRENREICH, DAVID ☐ Delete
STREET ADDRESS 1301 STANFORD DR.
CITY-ST-ZIP CORAL GABLES, FL 33146

TITLE *PP*
NAME *Silverstein, Maggie* ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE VD
NAME SILVERSTEIN, MAGGIE ☐ Delete
STREET ADDRESS 1301 STANFORD DR
CITY-ST-ZIP CORAL GABLES, FL 33146

TITLE *VD*
NAME *Suarez, Gloria* ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE TD
NAME WITHERSPOON, LIBBY ☐ Delete
STREET ADDRESS 1301 STANDFORD DR
CITY-ST-ZIP CORAL GABLES, FL 33146

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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TITLE
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CITY-ST-ZIP ☐ Delete

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

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 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:

Maggie Silverstein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-14-04

*303
253
2356*