

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

04-18-2002 90390 031 ****61.25

DOCUMENT # 753293

1. Entity Name

THE BAKEHOUSE ART COMPLEX, INC.

Principal Place of Business

Mailing Address

**THE BAKEHOUSE ART COMPLEX
 MIAMI FL 33127**

**561 N.W. 32ND ST.
 MIAMI FL 33127**

2. Principal Place of Business

561 N.W. 32ND ST.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

Zip

33127

Country

Zip

Country

4. FEI Number

59-2104864

Applied For

Not Applied

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**GALVIN, DARRELL
 561 NW 32ND STREET
 MIAMI FL 33127**

7. Name and Address of New Registered Agent

DORIS IMELTZER

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

SAME

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

TITLE **PD** ☐ Delete
 NAME **KOFSKY, GAIL GALE**
 STREET ADDRESS **2587 NE 182ND TERRACE**
 CITY-ST-ZIP **MIAMI FL 33160**

TITLE **VD** ☐ Delete
 NAME **MIZRACH, LARRY**
 STREET ADDRESS **5253 SW 71ST PLACE**
 CITY-ST-ZIP **MIAMI, FL 33181**

TITLE **SD** ☒ Delete
 NAME **COX, PETE**
 STREET ADDRESS **8375 SCHOOLHOUSE RD**
 CITY-ST-ZIP **CORAL GABLES FL**

TITLE **BD** ☐ Delete
 NAME **MALIN, OLGA**
 STREET ADDRESS **1800 NE 114TH ST**
 CITY-ST-ZIP **MIAMI FL 33181**

TITLE **D** ☒ Delete
 NAME **SALICHS, SUZANNE**
 STREET ADDRESS **PO BOX 141107**
 CITY-ST-ZIP **CORAL GABLES FL 33114**

TITLE **BD** ☐ Delete
 NAME **WALLACE, ROSIE GORDON**
 STREET ADDRESS **688 NE 56TH ST**
 CITY-ST-ZIP **MIAMI FL 33137**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** ☐ Change ☒ Addition
 NAME **APPEL, DR. ROBERT**
 STREET ADDRESS **400 ARTHUR GODFREY RD.**
 CITY-ST-ZIP **MIAMI BEACH, FL 33140**

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

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

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GALE KOFSKY 5/4/02

305-687-6565

Daytime Phone

CR2E037 (9/01)