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

FILED
Mar 03, 2003 8:00 am
Secretary of State
03-03-2003 90967 042 ****61.25

DOCUMENT # 753293

1. Entity Name
THE BAKEHOUSE ART COMPLEX, INC.

Principal Place of Business	Mailing Address
561 NW 32ND ST. MIAMI FL 33127	561 N.W. 32ND ST. MIAMI FL 33127

☐ CHECK HERE IF MAKING CHANGES

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 59-2104864 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MELTZER, DORIS I
561 NW 32ND STREET
MIAMI FL 33127

7. Name and Address of New Registered Agent

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 Doris I. Meltzer DORIS I. MELTZER, EXEC DIR. 2/28/03

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KOFSKY, GALE 2587 NE 182ND TERRACE MIAMI FL 33160	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MIZRACH, LARRY 5253 SW 71ST PLACE MIAMI, FL 33181	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD APFEL, DR. ROBERT 400 ARTHUR GODFEY RD. MIAMI FL 33140	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BD MALIN, OLGA 1800 NE 114TH ST MIAMI FL 33181	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BD Fisher, Colin 20 Island Avenue apt 8-11 Miami Beach, FL 33139 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BD WALLACE, ROSIE GORDON 686 NE 56TH ST MIAMI FL 33137	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BD Hechavarria, Mortimer 7891 W. Flagler St., #168 Miami, FL 33141 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Addition

CR2E037 (10/02)

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 GALE KOFSKY 2-28-03 305-687-6565

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date