5/24

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Jul 04, 2002 8:00 am
Secretary of State
05-24-2002 91337 007 ****70.00

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

DOCUMENT # N01000001615

1. Entity Name BROOKLYN ARTS CENTER, INC

DO NOT WRITE IN THIS SPACE

37805

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2. Principal Place of Business	3. Mailing Address
123 EAST FORSYTH ST.	123 EAST FORSYTH ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JACKSONVILLE FL	City & State: JACKSONVILLE FL
Zip: 32202 Country: U.S	Zip: 32202 Country: U.S

4. FEI Number: 59-3712881 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: MARK R. RINAMAN

Street Address (P.O. Box Number is Not Acceptable): 123 E. Forsyth Street

City: Jacksonville FL Zip Code: 32202

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: Mark Rinaman Mark Rinaman, President 30 April 2002
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

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: President	TITLE:
NAME: Mark R. Rinaman	NAME:
STREET ADDRESS: 123 E. Forsyth Street	STREET ADDRESS:
CITY-ST-ZIP: Jacksonville, FL 32202 D	CITY-ST-ZIP:
TITLE: Vice President	TITLE:
NAME: Oliver John Barakat, Vice Pres.	NAME:
STREET ADDRESS: 123 E. Forsyth Street	STREET ADDRESS:
CITY-ST-ZIP: Jacksonville, FL 32202 D	CITY-ST-ZIP:
TITLE:	TITLE:
NAME: Alicia Christine Hinrichs	NAME:
STREET ADDRESS: Secretary/Treasurer	STREET ADDRESS:
CITY-ST-ZIP: 123 E. Forsyth Street Jacksonville, FL 32202 D	CITY-ST-ZIP:
TITLE:	TITLE:
NAME:	NAME:
STREET ADDRESS:	STREET ADDRESS:
CITY-ST-ZIP:	CITY-ST-ZIP:
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STREET ADDRESS:	STREET ADDRESS:
CITY-ST-ZIP:	CITY-ST-ZIP:

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CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Mark Rinaman 30 April 2002 (904) 923-3854
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #