04-29-2002 09:55AM FROM DENNIS R HABER PA&H TO 5/

FILED
Jun 25, 2002 8:00 am
Secretary of State
05-15-2002 90084 032 ****61.25

DOCUMENT # N01000006231

1. Entity Name

TOWER ART CENTER OF MIAMI INC.

Principal Place of Business	Mailing Address
1450 MADRUGA AVE 302 CORAL GABLES FL 33146	1450 MADRUGA AVE 302 CORAL GABLES FL 33146

94377

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
100 NE 39 STREET	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc. AS BUSINESS
City & State MIAMI, FLA	City & State
Zip / Country USA	Zip / Country 33137

4. FEI Number 04-3685346 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HABER, DENNIS R
1450 MADRUGA AVE.
302
CORAL GABLES FL FL

7. Name and Address of New Registered Agent

Name: STEVON KRAMS

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

100 N.E. 39 STREET

City: MIAMI FL Zip Code: 33137

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] STEVON KRAMS 4-29-02

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

FILING FEE & FILE NUMBER LABEL MUST BE AFFIXED HERE

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P KRAMS, STEVEN H 100 NE 39 ST. MIAMI, FLA 33137 D	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V KAUFMAN, BARNET L 100 NE 39 ST. MIAMI, FLA 33137 D	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DARA REUSCH 100 NE 39 ST. MIAMI, FLA. 33137 D	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

CR2E037 (9/01)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4-29-02 305-573-7339

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

TOTAL P.02