

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90064 030 ****61.25

DOCUMENT # N02993

1. Entity Name

SOUTH FLORIDA ART CENTER, INC.

Principal Place of Business

Mailing Address

924 LINCOLN RD
 MIAMI BEACH FL 33139

924 LINCOLN RD
 SUITE 205
 MIAMI BEACH FL 33139-2602
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2423867

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KNIGHT, GARY A
% SOUTH-FLORIDA ART CENTER, INC.
924 LINCOLN RD STE 205
MIAMI BEACH FL 33139

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.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** Delete
 NAME **BASEMAN, ALAN**
 STREET ADDRESS **200 E LAS OLAS BLVD STE 1900**
 CITY-ST-ZIP **MIAMI FL**

TITLE **T/D** Change Addition
 NAME **Kim Kovel**
 STREET ADDRESS **5160 N. Bay Road**
 CITY-ST-ZIP **Miami Beach, FL 33140**

TITLE **CD** Delete
 NAME **SHACK, RICHARD**
 STREET ADDRESS **151 SE. 15 RD**
 CITY-ST-ZIP **MIAMI FL 33129**

TITLE **S/D** Change Addition
 NAME **Lonne Sherbill-Weinstein**
 STREET ADDRESS **1900 Sunset Harbour Dr., #1202**
 CITY-ST-ZIP **Miami Beach, FL 33139**

TITLE **SD** Delete
 NAME **ROSEN, JOANNE**
 STREET ADDRESS **5255 COLLINS AVE #5D**
 CITY-ST-ZIP **MIAMI BCH. FL 33139**

TITLE **Controller** Change Addition
 NAME **Adam Horowitz**
 STREET ADDRESS **924 Lincoln Rd., Ste. 205**
 CITY-ST-ZIP **Miami Beach, FL 33139**

TITLE **TD** Delete
 NAME **RANDOLPH, ALAN**
 STREET ADDRESS **1545 MERIDIAN AVE**
 CITY-ST-ZIP **MIAMI BEACH FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **ED** Delete
 NAME **KNIGHT, GARY A**
 STREET ADDRESS **924 LINCOLN RD STE 205**
 CITY-ST-ZIP **MIAMI BCH FL 33139**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **CFO** Delete
 NAME **CUESTA, ERNESTO**
 STREET ADDRESS **924 LINCOLN RD STE 205**
 CITY-ST-ZIP **MIAMI BCH FL 33139**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Gary A. Knight 1-13-00 (305) 674-8278

Date

Daytime Phone #

CR2E037 (9/99)