

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 06, 2001 8:00 am**  
**Secretary of State**

02-06-2001 90293 006 \*\*\*\*70.00

**DOCUMENT # N02993**

1. Entity Name

**SOUTH FLORIDA ART CENTER, INC.**

Principal Place of Business

**924 LINCOLN RD  
 MIAMI BEACH FL 33139**

Mailing Address

**924 LINCOLN RD  
 SUITE 205  
 MIAMI BEACH FL 33139  
 US**

**618644**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**59-2423867**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

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

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.

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 **TD**  Delete  
 NAME **KOVEL, KIM**  
 STREET ADDRESS **5160 N. BAY RD**  
 CITY-ST-ZIP **MIAMI BCH FL 33140**

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

TITLE **SD**  Delete  
 NAME **SHERBILL-WEINSTEIN, LONNE**  
 STREET ADDRESS **1900 SUNSET HARBOUR DR #1202**  
 CITY-ST-ZIP **MIAMI BCH. FL 33139**

TITLE **C**  Delete  
 NAME **HOROWITZ, ADAM**  
 STREET ADDRESS **924 LINCOLN RD STE 205**  
 CITY-ST-ZIP **MIAMI BCH FL 33139**

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

TITLE **TD**  Delete  
 NAME **RANDOLPH, ALAN**  
 STREET ADDRESS **1688 MERIDIAN AVE**  
 CITY-ST-ZIP **Miami Beach, FL 33139**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **CD**  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **CE**  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME **ALAN RANDOLPH**  
 STREET ADDRESS **1688 MERIDIAN AVE**  
 CITY-ST-ZIP **MIAMI BEACH, FL 33139**

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: *Gary A Knight, Executive Director* 1/25/01 305-674-8278  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)