

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

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90124 035 ****61.25

DOCUMENT # N02993
1. Entity Name
SOUTH FLORIDA ART CENTER, INC.



Principal Place of Business Mailing Address
924 LINCOLN RD **924 LINCOLN RD**
205 **SUITE 205**
MIAMI BEACH FL 33139 **MIAMI BEACH FL 33139**
US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

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 **William Farkas**
Street Address (P.O. Box Number is Not Acceptable)
do South Florida Art Center
924 Lincoln Road Suite #205
City **Miami Beach** FL Zip Code **33139**

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.
William Farkas
SIGNATURE **WILLIAM FARKAS, EXECUTIVE DIRECTOR** DATE **APR. 15, 2003**
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

TITLE	CD	<input type="checkbox"/> Delete
NAME	KOVEL, KIM	
STREET ADDRESS	5160 N. BAY RD	
CITY-ST-ZIP	MIAMI BCH FL 33140	
TITLE	CE	<input type="checkbox"/> Delete
NAME	SHACK, RICHARD	
STREET ADDRESS	151 SE 15 RD	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SHERBILL-WEINSTEIN, LONNE	
STREET ADDRESS	1900 SUNSET HARBOUR DR #1202	
CITY-ST-ZIP	MIAMI BCH. FL 33139	
TITLE	C	<input type="checkbox"/> Delete
NAME	ETIENNE, LUDMILLA	
STREET ADDRESS	924 LINCOLN RD STE 205	
CITY-ST-ZIP	MIAMI BCH FL 33139	
TITLE	ED	<input type="checkbox"/> Delete
NAME	FARKAS, WILLIAM	
STREET ADDRESS	924 LINCOLN RD STE 205	
CITY-ST-ZIP	MIAMI BCH FL 33139	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	PARDO, DAMIAN	
STREET ADDRESS	1688 MERIDIAN AVE	
CITY-ST-ZIP	MIAMI BEACH FL 33139	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BABETTE HERSCHBERGER	
STREET ADDRESS	1455 WEST AVE. #404 MIAMI, BCH	
CITY-ST-ZIP	33139	
TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	841 NE 206th STREET	
CITY-ST-ZIP	MIAMI, FLORIDA 33179	
TITLE	ED	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5851 NORTH BAY ROAD	
CITY-ST-ZIP	MIAMI BEACH, FL. 33140	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARC RUBEN	
STREET ADDRESS	4434 POST AVE. MIAMI, BCH.FL.	
CITY-ST-ZIP	33140	

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: **WILLIAM FARKAS** SIGNATURE REQUIRED *William Farkas* 4-15-03 305-674-8278

CR2E037 (10/02)