

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90692 031 ****61.25

DOCUMENT # N03000003175

1. Entity Name

WEST MIAMI ARTS, INC.



Principal Place of Business

4120 NORTHWEST 166TH STREET
MIAMI FL 33054

Mailing Address

4120 NORTHWEST 166TH STREET
MIAMI FL 33054

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 421855

Suite, Apt. #, etc.

City & State

Zip

Country

City & State

Miami Florida

Zip

33242

Country

America

4. FEI Number

65-1182642

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Tercina D. Turner TERCINA D. TURNER President

04-29-04

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME TURNER, TERCINA D ☐ Delete
STREET ADDRESS 4120 NORTHWEST 166TH STREET
CITY-ST-ZIP MIAMI FL 33054

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

TITLE VD
NAME HUTCHERSON, KATHERINE ☐ Delete
STREET ADDRESS 4120 NORTHWEST 166TH STREET
CITY-ST-ZIP MIAMI FL 33054

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

TITLE VD
NAME BAKER, CARL ☒ Delete
STREET ADDRESS 4120 NORTHWEST 166TH STREET
CITY-ST-ZIP MIAMI FL 33054

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

TITLE SD
NAME BRUTON, MELVA C ☐ Delete
STREET ADDRESS 4120 NORTHWEST 166TH STREET
CITY-ST-ZIP MIAMI FL 33054

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

TITLE TD
NAME THOMAS, FRED J ☐ Delete
STREET ADDRESS 4120 NORTHWEST 166TH STREET
CITY-ST-ZIP MIAMI FL 33054

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Tercina D. Turner* TERCINA D. TURNER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-29-04
Date

954-316-6168
Daytime Phone #