

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # N16547

1. Entity Name
TEATRO DE BELLAS ARTES, INC.



Principal Place of Business
2173 S.W. 8TH STREET
MIAMI, FL 33135

Mailing Address
2173 S.W. 8TH STREET
MIAMI, FL 33135



01242005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2733727

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GONZALEZ, MIRELLA
626 EAST 51 ST
HIALEAH, FL

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000208189
02/01/05-80070-015 61.25

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GONZALEZ, MIRELLA
STREET ADDRESS 626 E. 51 ST
CITY-ST-ZIP HIALEAH, FL

TITLE SD
NAME GONZALEZ, RONALD
STREET ADDRESS 626 E 51 ST
CITY-ST-ZIP HIALEAH, FL

TITLE TD
NAME GONZALEZ, MANUEL
STREET ADDRESS 626 EAST 51 ST
CITY-ST-ZIP HIALEAH, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

Mirella Gonzalez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/27/05 305-325-0715