

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

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90786 034 ****70.00

DOCUMENT # N95000000038

1. Entity Name

CENTER FOR EMERGING ART, INC.



Principal Place of Business

**800 WEST AVE.
737
MIAMI BEACH FL 33139**

Mailing Address

**800 WEST AVE 737
MIAMI BEACH FL 33139**

60026167



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0565473**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**RADO-HARTE, AVA
800 WEST AVE.
APT 737
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. 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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **RADO, AVA**
STREET ADDRESS **800 WEST AVENUE #737**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE ☐ Change ☒ Addition
NAME **Alan J. Smith**
STREET ADDRESS **7625 SW 118 St.**
CITY-ST-ZIP **Miami FL 33156**

TITLE **D** ☐ Delete
NAME **BILLINGS, MARC**
STREET ADDRESS **2475 S BAYHORE DRIVE, VILLA 1**
CITY-ST-ZIP **COCONUT GROVE FL 33133**

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

TITLE **D** ☐ Delete
NAME **KAGON, JOYCE**
STREET ADDRESS **610 ESPANOLA WAY**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

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

TITLE **D** ☐ Delete
NAME **MOSKOWITZ, FAYE**
STREET ADDRESS **3306 HIGHLAND PLACE NW**
CITY-ST-ZIP **WASHINGTON DC 20008**

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

TITLE **D** ☐ Delete
NAME **GIBBON, SAMANTHA**
STREET ADDRESS **54 RADNOR AVE**
CITY-ST-ZIP **CROTON ON HUDSON NY 10520**

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

TITLE **D** ☐ Delete
NAME **CENTER, DIANE**
STREET ADDRESS **5700 COLLINS AVE**
CITY-ST-ZIP **MIAMI BEACH FL 33141**

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 information empowered.

SIGNATURE:

SIGNATURE REQUIRED

CR2E037 (10/02)