2005 NOT[redacted]FIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2005 08:00 AM
Secretary of State

DOCUMENT # N[redacted]0002047

1. Entity Name
FRIENDS OF PUBLIC ART, INC.

N96000002047

Principal Place of Business	Mailing Address
111 NW 1ST ST SUITE 610 MIAMI, FL 33128-1982	111 NW 1ST ST SUITE 610 MIAMI, FL 33128-1982

07212005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
65-0729897

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NASH, CINDI
1433 W 22 ST
MIAMI BEACH, FL 33140

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000374418
07/25/05-80009-006 61.25

10. OFFICERS AND DIRECTORS

TITLE	DS
NAME	NASH, CINDI
STREET ADDRESS	1433 W 22ND STREET
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	DP
NAME	WAYNER, STEPHEN
STREET ADDRESS	4601 PONCE DE LEON BLVD STE 310
CITY-ST-ZIP	MIAMI, FL 33146
TITLE	DT
NAME	GORDON, SANDI-JO
STREET ADDRESS	19911 NE 10TH TRACE WAY
CITY-ST-ZIP	N MIAMI BEACH, FL 33179
TITLE	DV
NAME	GRABIEL, JULIO
STREET ADDRESS	800 DOUGLAS ENTRANCE
CITY-ST-ZIP	MIAMI, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Sandi-Jo Gordon SANDI-JO GORDON 7/22/05 305-469-2245
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #