2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000000709

1. Entity Name

ARTS & CULTURE ASSOCIATION, INC.

FILED
01 MAR 12 AM 11:26
SECRETARY OF STATE
2 917 [redacted]

Principal Place of Business	Mailing Address
38 NE 1ST STREET SUITE 108 MIAMI FL 33132	38 NE 1ST STREET SUITE 108 MIAMI FL 33132

DO NOT WRITE IN THIS SPACE
1/24/01 90085 002 61.25

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: 65-1059584 APPLIED FOR ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CRESPO, MANUEL L ESQ.
2701 PONCE DE LEON BLVD.
SUITE 302
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name: ~~RHONA~~ RHYNA MOLDES
Street Address (P.O. Box Number is Not Acceptable): 1518 PALERMO AVE
City: CORAL GABLES FL Zip Code: 33134

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.

SIGNATURE: X
(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: Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MOLDES, RYHNA 38 NE 1ST STREET #108 MIAMI FL 33132	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition MOLDES, RHYNA
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOLDES, RAUL 38 NE 1ST STREET #108 MIAMI FL 33132	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HERNANDEZ, EZEQUEL 1240 N.W. 37TH AVE. MIAMI FL 33125	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Juana D. Rodriguez 1518 Palermo Av. Coral Gables Fl. 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/00)

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: X SIGNATURE REQUIRED 2-6-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

3-12-01