# I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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

above, or on an attachment with all other like empowered.

SIGNATURE: ANDREA MANTELL SEIDEL

Electronic Signature of Signing Officer/Director Detail

# SIGNATURE:

Officer/Director Detail :			
Title	S	Title	Ρ
Name	CAMEON, RANDI M	Name	MANSFIELD, TOBI
Address	1900 SUNSET HARBOUR DR 1807	Address	7966 SW 86 TERR
City-State-Zip:	MIAMI FL 33139	City-State-Zip:	MIAMI FL 33143
Title	Т	Title	EX D
Name	LEWIS, DANIEL DR.	Name	SEIDEL, ANDREA M
Address	8901 S.W. 79 COURT	Address	5900 S.W. 84TH AVE.
City-State-Zip:	MIAMI FL 33156	City-State-Zip:	MIAMI FL 33143

### Electronic Signature of Registered Agent

5900 S.W. 84TH AVENUE MIAMI, FL 33143 US 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.

# Name and Address of Current Registered Agent:

SEIDEL, ANDREA MDR.

# **Current Principal Place of Business:**

5900 S.W. 84TH AVENUE

### **Current Mailing Address:**

5900 S.W. 84TH AVENUE MIAMI. FL 33143 US

## FEI Number: 65-0139010

# Certificate of Status Desired: No

Jan 12, 2017 Secretary of State CC7638126583

FILED

Date

Date

EX. DIRECTOR

01/12/2017

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33627

Entity Name: DANCEARTS FOUNDATION, INC.

MIAMI, FL 33143