

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719834

Entity Name: BELAFONTE TACOLCY CENTER, INCORPORATED**Current Principal Place of Business:**6161 N.W. 9TH AVENUE
MIAMI, FL 33127-1013**Current Mailing Address:**6161 N.W. 9TH AVENUE
MIAMI, FL 33127-1013 US**FEI Number:** 59-1376077**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BELAFONTE TACOLCY CENTER
6161 NW 9TH AVE.
MIAMI, FL 33127 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.***SIGNATURE:** HORACE ROBERTS

05/16/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name JONES, JOSHUA R
Address 16410 SW 101 AVENUE
City-State-Zip: MIAMI FL 33157

Title CHAIRMAN
Name LARRIMORE, RUDY
Address 655 IVES DAIRY ROAD #403
City-State-Zip: MIAMI FL 33175

Title DIRECTOR / SECRETARY
Name BLACK, ELAINE
Address 4800 NW 12TH AVENUE
City-State-Zip: MIAMI FL 33127

Title DIRECTOR
Name PEREZ, ERNESTO
Address 1020 SOROLLA AVENUE
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR
Name MOODIE, KIESHA
Address 7626 NE 6TH COURT
City-State-Zip: MIAMI FL 33138

Title DIRECTOR
Name MCGILL, LOVETTE
Address 4771 NW 6TH AVENUE
City-State-Zip: MIAMI FL 33127

Title CEO
Name ROBERTS, HORACE WAYNE
Address 6161 NW 9TH AVENUE
City-State-Zip: MIAMI FL 33127

Title DIRECTOR
Name TISDOL, MATTHEW II
Address 1790 NW 78TH STREET
City-State-Zip: MIAMI FL 33140

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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: HORACE ROBERTS

CEO

05/16/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	MCKINNEY, AARON SR.
Address	6161 N.W. 9TH AVENUE
City-State-Zip:	MIAMI FL 33127-1013