2014 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 719834

Entity Name: BELAFONTE TACOLCY CENTER, INCORPORATED

FILED
Jul 30, 2014
Secretary of State
CC5751056386

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, INC 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: TAJ BROWN 07/30/2014

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title DIRECTOR Title DIRECTOR Name BLACK, ELAINE Name LARRIMORE, RUDY 6161 N.W. 9TH AVENUE 6161 N.W. 9TH AVENUE Address Address City-State-Zip: MIAMI FL 33127-1013 MIAMI FL 33127-1013 City-State-Zip: **SECRETARY** Title Title **CHAIRMAN** Name SHIPMAN, MARQUISTA JONES, JOSH Name

Address 6161 N.W. 9TH AVENUE Address 6161 N.W. 9TH AVENUE
City-State-Zip: MIAMI FL 33127-1013 City-State-Zip: MIAMI FL 33127-1013

Title DIRECTOR Title CHIEF EXECUTIVE OFFICER

NameSIMS, WILLIENameROBERTS, HORACEAddress6161 NW 9TH AVEAddress6161 NW 9TH AVENUECity-State-Zip:MIAMI FL 33127-1013City-State-Zip:MIAMI FL 33127

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: ELAINE BLACK DIRECTOR