

2016 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, 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

03/08/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	SECRETARY
Name	BLACK, ELAINE
Address	6161 N.W. 9TH AVENUE
City-State-Zip:	MIAMI FL 33127-1013

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

Title	CHAIRMAN
Name	JONES, JOSH
Address	6161 N.W. 9TH AVENUE
City-State-Zip:	MIAMI FL 33127-1013

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

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

Title	PRESIDENT/ CHIEF EXECUTIVE OFFICER
Name	ROBERTS, HORACE
Address	6161 NW 9TH AVENUE
City-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**SECRETARY**

03/08/2016

Electronic Signature of Signing Officer/Director Detail

Date