

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723679

Entity Name: MIAMI-DADE COUNTY LEAGUE OF CITIES, INC.**Current Principal Place of Business:**226 EAST FLAGLER STREET
200
MIAMI, FL 33131**Current Mailing Address:**226 EAST FLAGLER STREET
200
MIAMI, FL 33131**FEI Number:** 65-0240302**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KUPER, RICHARD ESQ
226 EAST FLAGLER STREET
200
MIAMI, FL 33131 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	BURGESS, JON
Address	790 N. HOMESTEAD BOULEVARD
City-State-Zip:	HOMESTEAD FL 33030

Title	VP-1
Name	SUAREZ, FRANCIS
Address	3500 PAN AMERICAN DRIVE
City-State-Zip:	MIAMI FL 33133

Title	VP-2
Name	GILBERT, OLIVER
Address	18605 NW 27TH AVENUE
City-State-Zip:	MIAMI GARDENS FL 33056

Title	VP-3
Name	LEONARD, JORDAN W
Address	9665 BAY HARBOR TERRACE
City-State-Zip:	BAY HARBOR ISLANDS FL 33154

Title	SECRETARY
Name	VALLEJO, GEORGE
Address	17011 NE 19TH AVENUE
City-State-Zip:	NORTH MIAMI BEACH FL 33162

Title	TREASURER
Name	CUBILLOS, CLAUDIA
Address	500 NE 87TH STREET
City-State-Zip:	EL PORTAL FL 33138

Title	IMMEDIATE PAST PRESIDENT
Name	LERNER, CINDY
Address	12645 PINECREST PARKWAY
City-State-Zip:	PINCREST FL 33156

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: JON BURGESS

PRESIDENT

01/07/2015

Electronic Signature of Signing Officer/Director Detail_____
Date