

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 730130

**Entity Name:** MIAMI ROWING & WATERSPORTS CENTER, INC.

**FILED**  
**Jan 16, 2020**  
**Secretary of State**  
**3224854433CC**

**Current Principal Place of Business:**

3601 RICKENBACKER CSWY  
KEY BISCAYNE, FL 33149

**Current Mailing Address:**

3109 GRAND AVENUE  
SUITE 332  
MIAMI, FL 33133 US

**FEI Number:** 59-1952997

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BARRERA, FACUNDO  
3109 GRAND AVENUE  
SUITE 332  
MIAMI, FL 33133 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:** FACUNDO BARRERA

01/16/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BARRERA, FACUNDO  
Address        3601 RICKENBACKER CSWY  
City-State-Zip: KEY BISCAYNE FL 33149

Title            VP  
Name            URBANEJA, RODRIGO SILVA  
Address        3601 RICKENBACKER CSWY  
City-State-Zip: KEY BISCAYNE FL 33149

Title            SECRETARY  
Name            HAIDER, ARWA  
Address        3601 RICKENBACKER CSWY  
City-State-Zip: KEY BISCAYNE FL 33149

Title            TREASURER  
Name            QUIJANO, MARIA CAROLINA  
Address        3601 RICKENBACKER CSWY  
City-State-Zip: KEY BISCAYNE FL 33149

Title            DIRECTOR  
Name            DE AYALA, VIOLETTE  
Address        3601 RICKENBACKER CSWY  
City-State-Zip: KEY BISCAYNE FL 33149

Title            DIRECTOR  
Name            LOYEUX, CELINE  
Address        3601 RICKENBACKER CSWY  
City-State-Zip: KEY BISCAYNE FL 33149

Title            DIRECTOR  
Name            WERNER, DAVID E.  
Address        3601 RICKENBACKER CSWY  
City-State-Zip: KEY BISCAYNE FL 33149

Title            DIRECTOR  
Name            BONOMO, KATHRYN KIM  
Address        3601 RICKENBACKER CSWY  
City-State-Zip: KEY BISCAYNE FL 33149

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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:** ARWA HAIDER

**SECRETARY**

01/16/2020

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           CASTELLA, YAMILE SALMAN  
Address        3601 RICKENBACKER CSWY  
City-State-Zip: KEY BISCAYNE FL 33149