

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

DOCUMENT# 731206

**Entity Name:** AMIKIDS MIAMI-DADE, INC.

**Current Principal Place of Business:**

1820 ARTHUR LAMB JR. RD.  
MIAMI, FL 33149

**FILED**  
**Jun 30, 2020**  
**Secretary of State**  
**6180306518CC**

**Current Mailing Address:**

AMIKIDS, INC  
5915 BENJAMIN CENTER DR  
TAMPA, FL 33634

**FEI Number:** 59-1561549

**Certificate of Status Desired:** Yes

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

HULL, DAVID J  
ONE INDEPENDENT DRIVE  
SUITE 3300  
JACKSONVILLE, FL 32202 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 D  
Name LAMBERT, LYNDALL  
Address 701 BRICKELL AVENUE  
SUITE 3000  
City-State-Zip: MIAMI FL 33131

Title P  
Name LEE, COREY A  
Address 1111 BRICKELL AVE. SUITE 2500  
City-State-Zip: MIAMI FL 33131

Title D  
Name LEVELL, TERRANCE  
Address 1820 ARTHUR LAMB JR. RD.  
City-State-Zip: MIAMI FL 33149

Title D  
Name LOWACHEE, LAISE  
Address 1820 ARTHUR LAMB JR. RD.  
City-State-Zip: MIAMI FL 33149

Title D  
Name CERUTI, LUIS  
Address 1820 ARTHUR LAMB JR. RD.  
City-State-Zip: MIAMI FL 33149

Title D  
Name GARCIA, ENRIQUE  
Address 1820 ARTHUR LAMB JR. RD.  
City-State-Zip: MIAMI FL 33149

Title C  
Name ALVAREZ, JORGE  
Address 1820 ARTHUR LAMB JR. RD.  
City-State-Zip: MIAMI FL 33149

Title D  
Name THORNTON, MICHAEL  
Address 5915 BENJAMIN CENTER DRIVE  
City-State-Zip: TAMPA FL 33634

**Continues on page 2**

*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:** MICHAEL THORNTON

**DIRECTOR**

**06/30/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title T  
Name WEST, ROBIN  
Address 1820 ARTHUR LAMB JR. RD.  
City-State-Zip: MIAMI FL 33149