

2017 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
Apr 30, 2017
Secretary of State
CC8964250411

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
225 WATER STREET, STE. 1800
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 C
Name LAMBERT, LYNDALL
Address 701 BRICKELL AVENUE
SUITE 3000
City-State-Zip: MIAMI FL 33131

Title T
Name VALDIVIA, RICARDO
Address 1401 BRICKELL AVE SUITE 1400
City-State-Zip: MIAMI FL 33131

Title D
Name STANDER, O.B.
Address 5915 BENJAMIN CENTER DRIVE
City-State-Zip: TAMPA FL 33634

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 S
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

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: O.B. STANDER

DIRECTOR

04/30/2017

Electronic Signature of Signing Officer/Director Detail

Date