

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743258

Entity Name: FLORIDA JUSTICE INSTITUTE, INC.**Current Principal Place of Business:**2915 BISCAYNE BLVD., SUITE 300
MIAMI, FL 33137**Current Mailing Address:**P.O. BOX 370747
MIAMI, FL 33137 US**FEI Number:** 59-1878598**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TREVISANI, DANTE P
2915 BISCAYNE BLVD., SUITE 300
MIAMI, FL 33137 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:** DANTE P TREVISANI

03/07/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, CHAIRMAN, DIRECTOR
Name PETREY, RODERICK N
Address 600 BILTMORE WAY
 SUITE 1116
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR
Name MAGUIRE, AMELIA R
Address 600 BILTMORE WAY
 APT. 414
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR
Name REID, BENJAMINE
Address 2 MIAMICENTRAL
 700 NW 1 AVENUE SUITE 1200
City-State-Zip: MIAMI FL 33136

Title DIRECTOR
Name LEE, TIFFANI
Address 701 BRICKELL AVENUE
 SUITE 3300
City-State-Zip: MIAMI FL 33131

Title DIRECTOR
Name UNTIEDT, WHITNEY MARIE
Address 2 SOUTH BISCAYNE BLVD
City-State-Zip: STE 3100 FL 33131

Title SECRETARY, TREASURER
Name TREVISANI, DANTE P
Address 2915 BISCAYNE BLVD.
 SUITE 300
City-State-Zip: MIAMI FL 33137

Title DIRECTOR
Name BORGES, MARIA
Address 801 BRICKELL AVENUE
 SUITE 1300
City-State-Zip: MIAMI FL 33131

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: DANTE P. TREVISANI**EXECUTIVE DIRECTOR**

03/07/2023

Electronic Signature of Signing Officer/Director Detail

Date