

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746035

Entity Name: MIAMI MUSIC TEACHERS FOUNDATION, INC.

FILED
Apr 30, 2014
Secretary of State
CC3390646068

Current Principal Place of Business:

C/O SANCHEZ
15020 SW 53 TERRACE
MIAMI, FL 33185

Current Mailing Address:

C/O SANCHEZ
15020 SW 53 TERRACE
MIAMI, FL 33185 US

FEI Number: 59-1890244

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SANCHEZ, DEBORA
15020 SW 53 TERRACE
MIAMI, FL 33185 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 SANCHEZ, DEBORA
Address 15020 SW 53 TERR
City-State-Zip: MIAMI FL 33185

Title VP
Name KEITH, LAURA
Address 9066 SW 73 CT #1010
City-State-Zip: MIAMI FL 33156

Title TREASURER
Name GONZALEZ, MARIANELA
Address 15020 SW 53 TERRACE
City-State-Zip: MIAMI FL 33185

Title RECORDING SECRETARY
Name NGO, NIGHTINGALE
Address 6890 SW 128 ST
City-State-Zip: MIAMI FL 33156

Title 3RD VP
Name JENSEN, ZELDA
Address 154 W. SUNRISE AVE.
City-State-Zip: CORAL GABLES FL 33133

Title DIRECTOR
Name WALSH, MEGAN
Address 50 SW 10 ST #814
City-State-Zip: MIAMI FL 33130

Title 2ND VP
Name GONZALEZ, OONA
Address 325 S. BISCAYNE BLVD. #619
City-State-Zip: MIAMI FL 33131

Title DIRECTOR
Name SACKSTEIN, ROSALINA
Address 5360 SW 87 AVE.
City-State-Zip: MIAMI FL 33165

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: DEBORA SANCHEZ _____

PRESIDENT

04/30/2014

Electronic Signature of Signing Officer/Director Detail

_____ Date

Officer/Director Detail Continued :

Title CORRESPONDING SECRETARY

Name BERBERIAN, MARINA

Address 436 ALMERIA AVENUE

City-State-Zip: CORAL GABLES FL 33134