

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759351

Entity Name: GUARDIANSHIP PROGRAM OF DADE COUNTY, INC.

FILED
Jan 16, 2018
Secretary of State
CC4142702082

Current Principal Place of Business:

8300 NW 53 STREET
SUITE 402
MIAMI, FL 33166

Current Mailing Address:

8300 NW 53 STREET
SUITE 402
MIAMI, FL 33166 US

FEI Number: 59-2124958

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MCDONALD, CARLOS
8300 NW 53 STREET
SUITE 402
MIAMI, FL 33166 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: CARLOS MCDONALD

01/16/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TR
Name AXMAN, MICHAEL
Address 8300 NW 53 STREET
SUITE 402
City-State-Zip: MIAMI FL 33166

Title OF
Name HINE, STEVE
Address 8300 NW 53 STREET, SUITE 402
City-State-Zip: MIAMI FL 33166

Title OF
Name BRODEUR, JEFF
Address 8300 NW 53RD ST. SUITE 402
City-State-Zip: MIAMI FL 33166

Title OF
Name MCDONALD, CARLOS
Address 8300 N.W. 53RD STREET
SUITE 402
City-State-Zip: MIAMI FL 33166

Title V
Name HAYDEE, OROZCO
Address 8300 NW 53 STREET
SUITE 402
City-State-Zip: MIAMI FL 33166

Title P
Name MANGIERO, DAVID
Address 8300 NW 53 STREET
SUITE 402
City-State-Zip: MIAMI FL 33166

Title S
Name VILAR, CHARLES A.
Address 8300 NW 53 STREET
SUITE 402
City-State-Zip: MIAMI FL 33166

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: CARLOS MCDONALD

EXECUTIVE DIRECTOR

01/16/2018

Electronic Signature of Signing Officer/Director Detail

Date