

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762700

FILED
Jan 11, 2021
Secretary of State
7739677719CC

Entity Name: NAMI MIAMI-DADE COUNTY, INC.

Current Principal Place of Business:

299 ALHAMBRA CIRCLE SUITE 224
CORAL GABLES, FL 33134

Current Mailing Address:

P.O. BOX 430230
SOUTH MIAMI, FL 33243 US

FEI Number: 59-2207150

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RIVERO, MARIA C
299 ALHAMBRA CIRCLE
SUITE 224
CORAL GABLES, FL 33134 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: MARIA C. RIVERO

01/11/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name RIVERO, MARIA C
Address P.O. BOX 430230
City-State-Zip: SOUTH MIAMI FL 33243

Title VP
Name KOSRAVI, SHAWN
Address P.O. BOX 430230
City-State-Zip: SOUTH MIAMI FL 33243

Title VP
Name SHUSTACK, ANNA
Address P.O. BOX 430230
City-State-Zip: SOUTH MIAMI FL 33243

Title PRESIDENT
Name RACHER, SUSAN
Address P.O. BOX 430230
City-State-Zip: SOUTH MIAMI FL 33243

Title DIRECTOR
Name FRANKLIN, WILLIAM
Address P.O. BOX 430230
City-State-Zip: SOUTH MIAMI FL 33243

Title DIRECTOR
Name ROMERO-ARES, PATRICIA
Address P.O. BOX 430230
City-State-Zip: SOUTH MIAMI FL 33243-0230

Title DIRECTOR
Name RICHARDSON, WALTER T
Address P.O. BOX 430230
City-State-Zip: SOUTH MIAMI FL 33243-0230

Title DIRECTOR
Name MCCLEARY, JUDY
Address P.O. BOX 430230
City-State-Zip: SOUTH MIAMI FL 33243

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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: MARIA C. RIVERO

TREASURER

01/11/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name BUSSE-ARVESU, ANA TERI
Address P.O. BOX 430230
City-State-Zip: SOUTH MIAMI FL 33243

Title DIRECTOR
Name KUBILUS, BARBARA
Address P.O. BOX 430230
City-State-Zip: SOUTH MIAMI FL 33243

Title SECRETARY
Name LARRAURI, CARLOS
Address P.O. BOX 430230
City-State-Zip: SOUTH MIAMI FL 33143

Title DIRECTOR
Name CALVO, PATRICK
Address P.O. BOX 430230
City-State-Zip: SOUTH MIAMI FL 33243

Title DIRECTOR
Name MICHEL, DAPHNEY
Address P.O. BOX 430230
City-State-Zip: SOUTH MIAMI FL 33243

Title DIRECTOR
Name MADRAZO, VANESSA
Address P.O. BOX 430230
City-State-Zip: SOUTH MIAMI FL 33243

Title DIRECTOR
Name BARON, RICHARD
Address P.O. BOX 430230
City-State-Zip: SOUTH MIAMI FL 33243