

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 762700

**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

01/15/2020

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           FOSTER, ADRIANA  
Address        P.O. BOX 430230  
City-State-Zip: SOUTH MIAMI FL 33243-0230

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

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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

01/15/2020

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name MCCLEARY, JUDY  
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 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