

**2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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

02/10/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name MUNILLA, JORGE
Address P.O. BOX 430230
City-State-Zip: SOUTH MIAMI FL 33243

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

Title DIRECTOR
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 BUSSE-ARVESU, ANA TERI
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

FINANCIAL OFFICER

02/10/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

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

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

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

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

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

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