

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000953

FILED
Mar 03, 2015
Secretary of State
CC5232737484

Entity Name: COLLABORATIVE FAMILY LAW INSTITUTE, INC.

Current Principal Place of Business:

CARL FEDDE
1001 BRICKELL BAY DRIVE SUITE 1400
MIAMI, FL 33131

Current Mailing Address:

CARL FEDDE
1001 BRICKELL BAY DRIVE SUITE 1400
MIAMI, FL 33131 US

FEI Number: 65-0995710

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FEDDE, CARL
CARL FEDDE
1001 BRICKELL BAY DRIVE SUITE 1400
MIAMI, FL 33131 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: CARL FEDDE

03/03/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

| | |
|-----------------|---|
| Title | PD |
| Name | ALFONSO, MARTA |
| Address | CARL FEDDE 1001 BRICKELL BAY DRIVE SUITE 1400 |
| City-State-Zip: | MIAMI FL 33131 |
| Title | VPD |
| Name | MARKS, EVAN |
| Address | CARL FEDDE 1001 BRICKELL BAY DRIVE SUITE 1400 |
| City-State-Zip: | MIAMI FL 33131 |

| | |
|-----------------|---------------------------------|
| Title | TD |
| Name | FEDDE, CARL CPA |
| Address | 1001 BRICKELL BAY DR SUITE 1400 |
| City-State-Zip: | MIAMI FL 33131 |
| Title | SD |
| Name | KEYES, SUSAN |
| Address | 1500 SAN REMO AVE SUITE 245 |
| City-State-Zip: | CORAL GABLES FL 33146 |

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: CARL FEDDE

TREASURER

03/03/2015

Electronic Signature of Signing Officer/Director Detail

Date