

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000953

FILED
Jan 25, 2016
Secretary of State
CC1371750464

Entity Name: COLLABORATIVE FAMILY LAW INSTITUTE, INC.

Current Principal Place of Business:

PATRICIA YOUNG
999 PONCE DE LEON BOULEVARD SUITE 625
CORAL GABLES, FL 33134

Current Mailing Address:

PATRICIA YOUNG
999 PONCE DE LEON BOULEVARD SUITE 625
CORAL GABLES, FL 33134 US

FEI Number: 65-0995710

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

YOUNG, PATRICIA L
PATRICIA YOUNG
999 PONCE DE LEON BOULEVARD SUITE 625
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: PATRICIA L YOUNG

01/25/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name MARKS, EVAN
Address 100 S.E. SECOND STREET
SUITE 2700
City-State-Zip: MIAMI FL 33131

Title TD
Name YOUNG, PATRICIA
Address 999 PONCE DE LEON BOULEVARD
SUITE 625
City-State-Zip: CORAL GABLES FL 33134

Title VPD
Name BERAJA, LISETTE
Address 2937 SW 27 AVENUE
SUITE 200 A
City-State-Zip: MIAMI FL 33133

Title VPD
Name GARCIA, PAUL
Address 135 SAN LORENZO AVENUE
SUITE 660
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: PATRICIA YOUNG

TREASURER

01/25/2016

Electronic Signature of Signing Officer/Director Detail

Date