

**2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N00000000953

**Entity Name:** COLLABORATIVE FAMILY LAW INSTITUTE, INC.

**FILED**  
**Sep 16, 2015**  
**Secretary of State**  
**CC8045176736**

**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**

**09/16/2015**

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

Title SD  
Name FUCHS, RONDA  
Address 300 41ST STREET  
SUITE 213  
City-State-Zip: MIAMI BEACH FL 33140

*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**

**09/16/2015**

Electronic Signature of Signing Officer/Director Detail

Date