

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00797

Entity Name: WOMEN'S CHAMBER OF COMMERCE OF MIAMI-DADE COUNTY, INC.**FILED**
Jan 09, 2018
Secretary of State
CC6578199002**Current Principal Place of Business:**2000 PONCE DE LEON BLVD.
SUITE #500-C1
CORAL GABLES, FL 33134**Current Mailing Address:**2000 PONCE DE LEON BLVD.
SUITE #500-C1
CORAL GABLES, FL 33134 US**FEI Number: 59-2371670****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CALABRESE, SUSANNE MARY
2 SOUTH BISCAYNE BOULEVARD
SUITE #2750
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: SUSANNE CALABRESE****01/09/2018**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name CASTILLO, CAROLINA DEL PILAR
Address 80 SOUTH SHORE DRIVE
 #407
City-State-Zip: MIAMI BEACH FL 33141

Title SECRETARY
Name CALABRESE, SUSANNE MARY
Address 2 SOUTH BISCAYNE BOULEVARD
 SUITE #2750
City-State-Zip: MIAMI FL 33131

Title IMMEDIATE PAST-PRESIDENT
Name LAROE, YULIYA I.
Address 2000 PONCE DE LEON BLVD.
 SUITE #500-C1
City-State-Zip: CORAL GABLES FL 33134

Title PRESIDENT-ELECT
Name SUPERVILLE, DIANE
Address 19941 SW 83 AVE
City-State-Zip: MIAMI FL 33189

Title TREASURER
Name VILLANUEVA, ANGIE CAROLINA
Address 2000 PONCE DE LEON BLVD.
 500-C1
City-State-Zip: CORAL GABLES FL 33134

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: YULIYA I. LAROE**IMMEDIATE PAST-
PRESIDENT****01/09/2018**

