

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000008700

**Entity Name:** WINGS OVER MIAMI MUSEUM, INC.

**Current Principal Place of Business:**

14710 SW 128TH ST  
MIAMI, FL 33196

**Current Mailing Address:**

14710 SW 128TH STREET  
MIAMI, FL 33196

**FEI Number: 01-0624232**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

PLOUCHA, L.M.  
2500 E LAS OLAS BLVD  
1802  
FORT LAUDERDALE, FL 33301 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D  
Name RIVENBARK, WILLIAM G  
Address 3616 HARLANO STREET  
City-State-Zip: CORAL GABLES FL 33314

Title DT  
Name NEWELL, NORM  
Address 5151 SW CORSAIR AVENUE  
City-State-Zip: PALM CITY FL 34990

Title DP  
Name TIRADO, VINCENT JR.  
Address 18601 S.W. 210TH STREET  
City-State-Zip: MIAMI FL 33187

Title DS  
Name PLOUCHA, L.M.  
Address 2500 E. LAS OLAS BLVD  
1802  
City-State-Zip: FORT LAUDERDALE FL 33301

Title D  
Name SCHMELZER, TIMOTHY  
Address 1228 WEST AVENUE  
APT 705  
City-State-Zip: MIAMI BEACH FL 33319

Title DVP  
Name BERRY, JEFFREY  
Address 16260 SW 89 PLACE  
PALMETTO BAY  
City-State-Zip: FL FL 33157

*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: PLOUCHA, L.M.**

**SECRETARY**

**01/31/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date