

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002166

Entity Name: BRIDGES ACROSS BORDERS, INC.**Current Principal Place of Business:**7811 N SOULRAY ST
TAMPA, FL 33604**Current Mailing Address:**BRIDGES ACROSS BORDERS
P.O. BOX 103 GRAHAM
GRAHAM, FL 32042 US**FEI Number:** 02-0683003**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DIPIETRA, MAGGIE
7811 N SOULRAY ST
TAMPA, FL 33604 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:** MAGGIE DIPIETRA

02/20/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	VD	Title	S/D
Name	KIERZEC, MARY	Name	ACOSTA, MARGARITA
Address	2910 E GLENN ST	Address	102 W BLACKLEDGE
City-State-Zip:	TUCSON AZ 85716	City-State-Zip:	TUCSON AZ 85716
Title	MEMBER	Title	MEMBER
Name	MOGOLLON, RAQUEL CRISTINA	Name	DI PIAZA, MAGGIE
Address	419 W 3RD ST NO 2	Address	7811 N SOULRAY ST
City-State-Zip:	TUCSON AZ 85713	City-State-Zip:	TAMPA FL 33604
Title	MEMBER	Title	MEMBER
Name	MOGOLLON, RAQUEL CRISTINA	Name	DI PIAZA, MAGGIE
Address	419 W 3RD ST NO 2	Address	7811 N SOULRAY ST
City-State-Zip:	TUCSON AZ 85713	City-State-Zip:	TAMPA FL 33604
Title	DIRECTOR		
Name	VASQUEZ, ANA MARIA		
Address	12512 BAY BRANCH COURT		
City-State-Zip:	TAMPA FL 33635		

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: ANA MARIA VASQUEZ**DIRECTOR**

02/20/2025

Electronic Signature of Signing Officer/Director Detail

Date