

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000009477

**FILED**  
**Jun 13, 2020**  
**Secretary of State**  
**5462662161CC**

**Entity Name:** MIART FOUNDATION, INC.

**Current Principal Place of Business:**

888 BISCAYNE BLVD,  
SUITE 202  
MIAMI, FL 33132

**Current Mailing Address:**

888 BISCAYNE BLVD.  
SUITE 202  
MIAMI, FL 33132 US

**FEI Number:** 20-1125795

**Certificate of Status Desired:** No

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

SPIRO, TINA M  
888 BISCAYNE BLVD.  
SUITE 202  
MIAMI, FL 33132 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 VP  
Name BOGENSPERGER, SONJA B  
Address 1610 LENOX AVE  
City-State-Zip: MIAMI BEACH FL 33139

Title P  
Name DOMINGO GAMBOA DE LA FUENTE JR.  
Address 640 NE 55 ST  
City-State-Zip: MIAMI FL 33137

Title DIRECTOR  
Name AVRA, JAIN  
Address 888 BISCAYNE BLVD.  
SUITE 202  
City-State-Zip: MIAMI FL 33132

Title DIRECTOR  
Name LORETTA, FABRICANT  
Address 100 SE SECOND STREET,  
SUITE 2311  
City-State-Zip: MIAMI FL 33131

Title EXECUTIVE DIRECTOR  
Name SPIRO, TINA M  
Address 888 BISCAYNE BLVD.  
SUITE 202  
City-State-Zip: MIAMI FL 33132

Title DIRECTOR  
Name CANERO, MARIANNE  
Address 888 BISCAYNE BOULEVARD  
SUITE 202  
City-State-Zip: MIAMI FL 33132

Title DIRECTOR  
Name MANCUSO, STACEY  
Address 888 BISCAYNE BLVD.  
SUITE 202  
City-State-Zip: MIAMI FL 33132

Title DIRECTOR  
Name ELMAN, RAYMOND  
Address 18181 NE 31ST COURT.  
APT. 709  
City-State-Zip: AVENTURA FL 33160

**Continues on page 2**

*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:** TINA M SPIRO

**EXECUTIVE DIRECTOR**

**06/13/2020**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           RICHARDS, NURIA  
Address        180 NE 29TH STREET  
                  APT. 620  
City-State-Zip: MIAMI FL 33137

Title           TREASURER  
Name           JOHNSON, MARIA E  
Address        1870 SW 23RD STREET  
City-State-Zip: MIAMI FL 33145