

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004629

Entity Name: BLESSED MANTLE FOUNDATION INC.

Current Principal Place of Business:

2093 SW 1 ST
MIAMI, FL 33135

Current Mailing Address:

2093 SW 1 ST
MIAMI, FL 33135 US

FEI Number: 06-1725038

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FUERTE, ALEJANDRO J
2093 SW 1 ST
MIAMI, FL 33135 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 PRESIDENT, FOUNDER, CEO
Name FUERTE, ALEJANDRO J
Address 2093 SW 1 ST
City-State-Zip: MIAMI FL 33135

Title VP
Name MENA, YAQUELIN
Address 2093 SW 1 ST
City-State-Zip: MIAMI FL 33135

Title COO, CHIEF OF SECURITY
Name AGUIAR, WILLIAMS
Address 2093 SW 1 ST
City-State-Zip: MIAMI FL 33135

Title SECRETARY
Name MOREJON SARDINAS, MELANIE
Address 20450 SW 122ND PLACE
City-State-Zip: MIAMI FL 33177

Title TREASURER
Name VEGA GONZALEZ, RODRIGO ARIEL
Address 2258 NUTHATCH STREET
City-State-Zip: ST CLOUD FL 34771

Title DIRECTOR OF INTERNATIONAL
RELATIONS
Name GONZALEZ, MARCELO
Address 823 JEFFERSON AVENUE
APT.#3
City-State-Zip: MIAMI BEACH FL 33139

Title DIRECTOR OF SPECIAL EVENTS
Name ROMERO, ARNEY
Address 19261 NW 47TH CL
City-State-Zip: MIAMI FL 33055

Title DIRECTOR OF CULTURE AND
DESIGNS
Name CAMACHO, MARIA ISABEL
Address 823 JEFFERSON AVENUE
APT #3
City-State-Zip: MIAMI BEACH FL 33139

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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: ALEJANDRO FUERTE

PRESIDENT

01/13/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name GONZALEZ NAVARRO, LAURA FRANCISCA
Address 2258 NUTHATCH STREET
City-State-Zip: ST CLOUD FL 34771

Title DIRECTOR
Name VALENZUELA OLAVE, SABASTIAN
ENRIQUE
Address 3400 NW 135TH STREET
City-State-Zip: MIAMI FL 33054