

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

DOCUMENT# N04000004629

**Entity Name:** BLESSED MANTLE FOUNDATION INC.

**Current Principal Place of Business:**

228 SW 67TH AVE  
MIAMI, FL 33144

**Current Mailing Address:**

228 SW 67TH AVE  
MIAMI, FL 33144 US

**FEI Number:** 06-1725038

**Certificate of Status Desired:** No

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

FUERTE, ALEJANDRO J  
228 SW 67TH AVE  
MIAMI, FL 33144 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 PRESIDENTE, FUNDADOR, CEO.  
Name FUERTE, ALEJANDRO J  
Address 228 SW 67TH AVE  
City-State-Zip: MIAMI FL 33144

Title VP  
Name MENA, YAQUELIN  
Address 228 SW 67TH AVE  
City-State-Zip: MIAMI FL 33144

Title T  
Name VELAZQUEZ, ANA MARIA  
Address 65 CURTIS DR  
City-State-Zip: OPA LOKA FL 33054

Title D  
Name RODRIGUEZ, YUNIOR  
Address 19331 SW 118TH CT  
City-State-Zip: MIAMI FL 33177

Title SECRETARY  
Name RAMOS, SONIA  
Address 1940 SW 63RD AVE  
City-State-Zip: MIAMI FL 33155

Title COO  
Name TAILOR, HARRY  
Address 13520 SW 152ND ST  
City-State-Zip: MIAMI FL 33177

Title OFFICER  
Name CONDE, SUSY  
Address 13520 SW 152ND ST  
City-State-Zip: MIAMI FL 33177

Title OFFICER  
Name PEREZ MENA, JAVIER  
Address 5416 SW 140 CT  
City-State-Zip: MIAMI FL 33175

**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:** ALEJANDRO J FUERTE

PD

04/18/2022

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title OFFICER  
Name TUYA, JULLLISSA  
Address 5416 SW 140 CT  
City-State-Zip: MIAMI FL 33175

Title OFFICER  
Name RAVELO, IDEL  
Address 15589 SW 62ND ST  
City-State-Zip: MIAMI FL 33193

Title OFFICER  
Name PERAZA, MARIA T  
Address 860 SW 31ST AVE  
City-State-Zip: MIAMI FL 33135

Title OFFICER  
Name LOPEZ, MARCOS A  
Address 429 NW 8TH ST  
106  
City-State-Zip: MIAMI FL 33136