

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006497

Entity Name: ALMENAR OTERO FOUNDATION, INC.**Current Principal Place of Business:**9554 NW 41ST STREET
DORAL, FL 33178**Current Mailing Address:**9554 NW 41ST STREET
DORAL, FL 33178 US**FEI Number:** 20-1450549**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SALCEDO, MARITZA
9554 NW 41ST STREET
DORAL, FL 33178 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	PTS
Name	SALCEDO, MARITZA
Address	9554 NW 41ST STREET
City-State-Zip:	DORAL FL 33178
Title	D
Name	SIMAN, SUSAN
Address	1750 NW 107TH AVE, EUROSUITE
City-State-Zip:	DORAL FL 33172
Title	DIRECTOR
Name	BORIA, MARISELA
Address	7102 NW 112TH CT
City-State-Zip:	DORAL FL 33178
Title	DIRECTOR
Name	RODRIGUEZ, ELIZABETH
Address	1901 BRICKELL AVENUE APT # B904
City-State-Zip:	MIAMI FL 33129

Title	VD
Name	ALMENAR, JONATHAN
Address	10560 NW 74TH STREET APT # 208
City-State-Zip:	DORAL FL 33178
Title	SECRETARY
Name	GONZALEZ, YEINY
Address	10540 NW 74TH STREET APT # 207
City-State-Zip:	MEDLEY FL 33178
Title	DIRECTOR
Name	ALVAREZ, GLORIA
Address	901 SW 128TH AVENUE APT 405
City-State-Zip:	PEMBROKE PINES FL 33027

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: MARITZA SALCEDO**PRESIDENT****03/13/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date