## 2020 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

Date

**FILED** Jun 25, 2020

**Secretary of State** 

1393378977CC

Officer/Director Detail:

Title PTS Title VD

SALCEDO, MARITZA Name Name ALMENAR, JONATHAN Address 9554 NW 41ST STREET Address 10560 NW 74TH STREET

APT #208

DORAL FL 33178 City-State-Zip: City-State-Zip: DORAL FL 33178

Title D

Title **SECRETARY** SIMAN, SUSAN Name

Name GONZALEZ, YEINY Address 1750 NW 107TH AVE, EUROSUITE

10540 NW 74TH STREET Address

City-State-Zip: DORAL FL 33172 **APT #207** 

City-State-Zip: MEDLEY FL 33178 Title **DIRECTOR** 

Title **DIRECTOR** BORIA. MARISELA Name

Name ALVAREZ, GLORIA Address 7102 NW 112TH CT

Address 901 SW 128TH AVENUE City-State-Zip: DORAL FL 33178 **APT 405** 

City-State-Zip: PEMBROKE PINES FL 33027 Title DIRECTOR

RODRIGUEZ, ELIZABETH Name

APT # B904

Address

City-State-Zip: MIAMI FL 33129

1901 BRICKELL AVENUE

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.

06/25/2020 SIGNATURE: MARITZA SALCEDO PTS