

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000005832

**Entity Name:** SR. SANTO NINO SINULOG OF MIAMI, INC.**Current Principal Place of Business:**20231 SW 128 COURT  
MIAMI, FL 33177**Current Mailing Address:**20231 SW 128 COURT  
MIAMI, FL 33177 US**FEI Number:** 20-3015274**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SICSIC, ISABELO  
20231 SW 128 COURT  
MIAMI, FL 33177 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	DC
Name	MENDOZA, MERLINDA
Address	6443 SW 166 CT
City-State-Zip:	MIAMI FL 33193

Title	DVC
Name	QUINTANA, NIDA
Address	17433SW 143 PL
City-State-Zip:	MIAMI FL 33177

Title	DS
Name	GULAR, JANET
Address	20171 SW 128 CT
City-State-Zip:	MIAMI FL 33177

Title	DT
Name	SICSIC, JULIET
Address	20231 SW 128 CT
City-State-Zip:	MIAMI FL 33177

Title	D
Name	AMODIA, REYNANTE
Address	15523 SW 41 ST
City-State-Zip:	MIAMI FL 33185

Title	PRESIDENT
Name	MENDOZA, CESAR
Address	6443 SW 166 CT
City-State-Zip:	MIAMI FL 33193

Title	SECRETARY
Name	BACULI, OPHELIA
Address	15669 NW 12TH RD
City-State-Zip:	PEMBROKE PINES FL 33028

Title	TREASURER
Name	AMODIA, NELDA
Address	15523 SW 41 ST
City-State-Zip:	MIAMI FL 33185

**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:** JULIET SICSIC**TREASURER****03/04/2016**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            EVENT COORDINATOR  
Name            HOLLIS, SOCORRO  
Address        20211 SW 128 COURTMIAMI  
City-State-Zip: MIAMI FL 33177

Title            DIRECTOR  
Name            JAPIT, QUINTANA  
Address        17433 SW 143 PL  
City-State-Zip: MIAMI FL 33177

Title            VP  
Name            EBO, COLLEEN  
Address        14703 SW 159 PL  
City-State-Zip: MIAMI FL 33196

Title            DIRECTOR  
Name            EBO, MARLON  
Address        14703 SW 159 PL  
City-State-Zip: MIAMI FL 33196