# 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	DPS	Title	DT
Name	KALISKY, STEVEN I	Name	BUTLER, JEANNE A
Address	17961 BISCAYNE BLVD.	Address	312 S.E. 17TH STREET, 2ND FLOOR
City-State-Zip:	AVENTURA FL 33160	City-State-Zip:	FT. LAUDERDALE FL 33316
Title	D		
Name	HALPERIN, RONNY J		
Address	312 S.E. 17TH STREET, 2ND FLOOR		
City-State-Zip:	FT. LAUDERDALE FL 33316		

MIAMI, FL 33131

## **Current Mailing Address:**

C/O STEVEN I. KALISKY P.O.BOX 80-0346 MIAMI, FL 33280 US

## **FEI Number: APPLIED FOR**

### Name and Address of Current Registered Agent:

LAW CENTER OF THE AMERICAS, LLC. 201 SOUTH BISCAYNE BOULEVARD SUITE 800 MIAMI, FL 33131 US

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. 04/22/2019 SIGNATURE: STEVEN I KALISKY DPS

Electronic Signature of Signing Officer/Director Detail

## 2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT# N0500006680

Entity Name: BELIZE CARES! COMMUNITY FOUNDATION, INC.

## **Current Principal Place of Business:**

701 BRICKELL AVENUE 1400

# Certificate of Status Desired: Yes

Apr 22, 2019 Secretary of State 4437262985CC

FILED

Date