

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001548

Entity Name: ORCHESTRA MIAMI, INC.**Current Principal Place of Business:**8821 S.W. 54 TERRACE
MIAMI, FL 33165**Current Mailing Address:**PO BOX 7598
MIAMI, FL 33255 US**FEI Number:** 20-4272276**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**RINALDI, ELAINE
8821 S.W. 54 TERRACE
MIAMI, FL 33165 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 INTERIM TREASURER
Name ELAINE, RINALDI
Address PO BOX 7598
City-State-Zip: MIAMI FL 33255

Title DIRECTOR
Name BOSCH, PILAR
Address 15615 SW 42 TERRACE
City-State-Zip: MIAMI FL 33185

Title DR.
Name MARTINEZ-CARBONELL, KARELIA
Address PO BOX 7598
City-State-Zip: MIAMI FL 33255

Title INTERIM PRESIDENT & SECRETARY
Name STANIER-SHULMAN, REBECCA
Address 720 NE 69 STREET #14W
City-State-Zip: MIAMI FL 33138

Title DIRECTOR
Name RINALDI, PATRICIA
Address 8821 SW 54 TERRACE
City-State-Zip: MIAMI FL 33165

Title DIRECTOR
Name JONAS, ALFRED
Address 918 NE 119 STREET
City-State-Zip: BISCAYNE PARK FL 33161

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: ELAINE RINALDI**ARTISTIC DIRECTOR****05/31/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date