

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009381

FILED
Mar 06, 2017
Secretary of State
CC0992277283

Entity Name: KOZYAK MINORITY MENTORING FOUNDATION, INC.

Current Principal Place of Business:

C/O JOHN W. KOZYAK
2525 PONCE DE LEON BLVD., 9TH FLOOR
CORAL GABLES, FL 33134

Current Mailing Address:

C/O JOHN W. KOZYAK
2525 PONCE DE LEON BLVD., 9TH FLOOR
CORAL GABLES, FL 33134

FEI Number: 42-1713041

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BARBOSA, EDNA
2525 PONCE DE LEON BOULEVARD
9TH FLOOR
MIAMI, FL 33134 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 D
Name KOZYAK, JOHN W
Address 2525 PONCE DE LEON BLVD., 9TH FLOOR
City-State-Zip: CORAL GABLES FL 33134

Title D
Name LOPEZ-CASTRO, CORALI
Address 2525 PONCE DE LEON BLVD., 9TH FLOOR
City-State-Zip: CORAL GABLES FL 33134

Title D
Name SHAW-WILDER, DETRA P
Address 2525 PONCE DE LEON BLVD., 9TH FLOOR
City-State-Zip: CORAL GABLES FL 33134

Title D
Name COX, MARCY
Address 1311 MILLER DRIVE, ROOM 112
City-State-Zip: CORAL GABLES FL 33146

Title D
Name SILVERMAN, BARBARA
Address 255 ARAGON AVENUE, 2ND FLOOR
City-State-Zip: CORAL GABLES FL 33134

Title D
Name HILL, MARLON
Address 150 SE 2ND AVENUE, STE 1200
City-State-Zip: MIAMI FL 33131

Title D
Name SIMON, NIKKI
Address 333 AVENUE OF THE AMERICAS, STE 44
City-State-Zip: MIAMI FL 33131

Title D
Name RABIN, ADAM
Address 1601 FORUM PL, STE 505
City-State-Zip: WEST PALM BEACH FL 33401

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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: DETRA SHAW-WILDER

D

03/06/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title D
Name GART, BRIAN
Address 347 N NEW RIVER DR E, APT 2601
City-State-Zip: FT. LAUDERDALE FL 33301

Title D
Name ALLENDE, PEDRO
Address 100 SE 2ND ST., STE 2800
City-State-Zip: MIAMI FL 33131

Title D
Name WAHID, KHURRUM
Address 6221 W ATLANTIC BLVD.
City-State-Zip: POMPANO BEACH FL 33063