2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2018
Secretary of State
CC4317299372

DOCUMENT# N06000009381

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

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

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

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

Title	D
Name	LOPEZ-CASTRO, CORALI
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	HILL, MARLON
Address	150 SE 2ND AVENUE, STE 1200
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, VP, T 04/03/2018

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

Title	D
Name	ROBERTS, LISA
Address	801 BRICKELL AVE. SUITE 1800
City-State-Zip:	MIAMI FL 33131

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

Title	D
Name	SMITH, H.T.
Address	1017 N.W. 9TH COURT
City-State-Zip:	MIAMI FL 33136

Title	D
Name	ABADIN, RAY
Address	2333 PONCE DE LEON BLVD. SUITE 314
City-State-Zip:	CORAL GABLES FL 33134