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.

VP

SIGNATURE: NIVIT POOCHAREON

Electronic Signature of Signing Officer/Director Detail

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

# **Officer/Director Detail :**

Title	PD	Title	VDTS
Name	POOCHAREON, NOPPORN	Name	POOCHAREON, NIVIT
Address	9475 SW 69TH AVENUE	Address	9475 SW 69TH AVENUE
City-State-Zip:	MIAMI FL 33156	City-State-Zip:	MIAMI FL 33156

# 2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# N07000010362

# Entity Name: THE BUDDHIST ASSOCIATION OF SOUTH FLORIDA INC

# **Current Principal Place of Business:**

9475 SW 69TH AVENUE MIAMI, FL 33156

# **Current Mailing Address:**

9475 SW 69TH AVENUE MIAMI. FL 33156

#### FEI Number: 26-1287082

# Name and Address of Current Registered Agent:

POOCHAREON, NOPPORN 9475 SW 69 AVE MIAMI, FL 33156 US

Date

Certificate of Status Desired: No

05/04/2020

Date