

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000003277

**Entity Name:** FOUNDATION FOR NEW EDUCATION INITIATIVES, INC.**Current Principal Place of Business:**1450 NE 2ND AVENUE, SUITE 931  
MIAMI, FL 33132**Current Mailing Address:**1450 NE 2ND AVENUE, SUITE 931  
MIAMI, FL 33132**FEI Number:** 61-1566768**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CARVALHO, ALBERTO M.  
1450 NE 2ND AVENUE  
SUITE 912  
MIAMI, FL 33132 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:** ALBERTO M. CARVALHO

04/04/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VC  
Name HANTMAN, PERLA TABARES  
Address 1450 NE 2ND AVENUE, SUITE 700  
City-State-Zip: MIAMI FL 33132

Title DIRECTOR  
Name MUNILLA, NATACHA  
Address 7035 S.W. 47 STREET  
City-State-Zip: MIAMI FL 33155

Title TREASURER  
Name GAINEY, ALVIN  
Address 1450 NE 2ND AVENUE  
City-State-Zip: MIAMI FL 33132

Title DIRECTOR  
Name MARCUS, DAVID L.  
Address 2255 GLADES ROAD  
SUITE 200E  
City-State-Zip: BOCA RATON FL 33431

Title CHAIRMAN  
Name CARVALHO, ALBERTO M  
Address 1450 NE 2ND AVENUE, SUITE 912  
City-State-Zip: MIAMI FL 33132

Title SECRETARY  
Name WILLIAMSON, JULIE A  
Address 200 SOUTH BISCAYNE BOULEVARD  
SUITE 200  
City-State-Zip: MIAMI FL 33131

Title EXECUTIVE DIRECTOR  
Name DE LAS POZAS, ANN STITH  
Address 1450 NE 2ND AVENUE  
SUITE 931  
City-State-Zip: MIAMI FL 33132

Title DIRECTOR  
Name MCDOWELL, SUZAN  
Address 38 NW 105TH STREET  
City-State-Zip: MIAMI SHORES FL 33150

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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:** ANN S DE LAS POZAS

EXECUTIVE DIRECTOR

04/04/2018

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                 DIRECTOR  
Name                PHELPS, KADISHA  
Address             44 W. FLAGLER STREET  
                      #1500  
City-State-Zip:    MIAMI FL 33131

Title                 DIRECTOR  
Name                SMITH, ALFRED G.  
Address             200 S. BISCAYNE BLVD.  
                      # 4100  
City-State-Zip:    MIAMI FL 33131

Title                 DIRECTOR  
Name                SALOMON, PETER E.  
Address             1 SE 3RD AVENUE  
                      # 28  
City-State-Zip:    MIAMI FL 33131