#### 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003277

Entity Name: FOUNDATION FOR NEW EDUCATION INITIATIVES, INC.

**FILED** Mar 08, 2016 **Secretary of State** CC2489351652

### **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 MMR. 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:

City-State-Zip:

MIAMI FL 33132

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title VC. Title **CHAIRMAN** 

Name TABARES HANTMAN, PERLA Name CARVALHO, ALBERTO M

Address 1450 NE 2ND AVENUE, SUITE 700 Address 1450 NE 2ND AVENUE, SUITE 912

City-State-Zip: MIAMI FL 33132 City-State-Zip: MIAMI FL 33132

Title **SECRETARY** Title DIRECTOR

WILLIAMSON, JULIE A Name Name MUNILLA, NATACHA

Address 200 SOUTH BISCAYNE BOULEVARD Address 7035 S.W. 47 STREET

SUITE 200 MIAMI FL 33155

City-State-Zip: City-State-Zip: MIAMI FL 33131

Title DIRECTOR Title **TREASURER** 

O'DOWD, BILL Name Name GEBARA, JOSEPH Address 2151 LE JEUNE ROAD

Address 1450 NE 2ND AVENUE SUITE 150

City-State-Zip: MIAMI FL 33132 City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR **EXECUTIVE DIRECTOR** Title

Name HAAS, DAVID Name DE LAS POZAS, ANN STITH

701 BRICKELL AVENUE Address 1450 NE 2ND AVENUE Address

SUITE 931 City-State-Zip: MIAMI FL 33131

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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.

03/08/2016 SIGNATURE: ANN DE LAS POZAS **EXECUTIVE DIRECTOR** 

Electronic Signature of Signing Officer/Director Detail

Date

# Officer/Director Detail Continued:

Title DIRECTOR

Name MARCUS, DAVID L.

Address 2255 GLADES ROAD

SUITE 200E

City-State-Zip: BOCA RATON FL 33431

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 MCDOWELL, SUZAN

Address 38 NW 105TH STREET

City-State-Zip: MIAMI SHORES FL 33150

Title DIRECTOR

Name SALOMON, PETER E.

Address 1 SE 3RD AVENUE

# 28

City-State-Zip: MIAMI FL 33131