

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000003277

**FILED**  
**Mar 26, 2019**  
**Secretary of State**  
**8649081782CC**

**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 931  
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

03/26/2019

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

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

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

Title TREASURER  
Name LAWThER, NANCY  
Address 1450 NE 2ND AVENUE  
SUITE 931  
City-State-Zip: MIAMI FL 33132

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

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

**Continues on page 2**

*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 DE LAS POZAS

EXECUTIVE DIRECTOR

03/26/2019

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 DR.  
Name STEPHENS, WAYNE  
Address JESSE TRICE COMMUNITY HEALTH  
5607 NW 27TH AVE  
City-State-Zip: MIAMI FL 33142

Title MS.  
Name DE LA LLAMA, CELIA  
Address ROYAL CARIBBEAN INTERNATIONAL  
1050 CARIBBEAN WAY  
City-State-Zip: MIAMI FL 33132

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

Title DIRECTOR  
Name ANDERSON, MATTHEW  
Address US TRUST, BANK OF AMERICA  
PRIVATE WEALTH MANAGEMENT  
701 BRICKELL AVENUE SUITE 1500  
City-State-Zip: MIAMI FL 33131

Title MR.  
Name FEIN, ALAN  
Address STEARNS WEAVER MILLER  
MIAMI MUSEUM TOWER 150 WEST  
FLAGLER STREET SUITE 2200  
City-State-Zip: MIAMI FL 33130