

2021 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 315
MIAMI, FL 33132**Current Mailing Address:**1450 NE 2ND AVENUE, SUITE 315
MIAMI, FL 33132 US**FEI Number:** 61-1566768**Certificate of Status Desired:** Yes**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

02/04/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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 DIRECTOR
Name EDWARDS, BETH
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

Title DIRECTOR
Name PHELPS, KADISHA
Address 44 W. FLAGLER STREET
#1500
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.

SIGNATURE: ANN DE LAS POZAS

EXECUTIVE DIRECTOR

02/04/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

Title DIRECTOR
Name STEPHENS, WAYNE
Address JESSE TRICE COMMUNITY HEALTH
5607 NW 27TH AVE
City-State-Zip: MAIMI FL 33142

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