

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010631

Entity Name: MAN DODO HUMANITARIAN FOUNDATION, INC.**Current Principal Place of Business:**3333 NW 168 STREET
MIAMI GARDENS, FL 33056**Current Mailing Address:**3333 NW 168 STREET
MIAMI GARDENS, FL 33056**FEI Number:** 26-3762987**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LOZAMA, JEFF
3333 NW 168 STREET
MIAMI GARDENS, FL 33056 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title PRESIDENT
Name LOZAMA, PRECILE
Address 3333 NW 168 STREET
City-State-Zip: MIAMI GARDENS FL 33056

Title VP
Name LOZAMA GREGOIRE, BERTUDE
Address 3333 NW 168 STREET
City-State-Zip: MIAMI GARDENS FL 33056

Title TREASURER
Name LOZAMA, MARJORIE
Address 3333 NW 168 STREET
City-State-Zip: MIAMI GARDENS FL 33056

Title ASST. TREASURER
Name CARRE, SABINE
Address 3333 NW 168 STREET
City-State-Zip: MIAMI GARDENS FL 33056

Title SECRETARY
Name SIMS, SAMARA
Address 3333 NW 168 STREET
City-State-Zip: MIAMI GARDENS FL 33056

Title EXECUTIVE DIRECTOR
Name LOZAMA, JEFF
Address 3333 NW 168 STREET
City-State-Zip: MIAMI GARDENS FL 33056

Title ASSISTANT EXECUTIVE DIRECTOR
Name LOZAMA, TATIANA
Address 3333 NW 168 STREET
City-State-Zip: MIAMI GARDENS FL 33056

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: JEFF LOZAMA**EXECUTIVE DIRECTOR****01/05/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date