

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000000886

**Entity Name:** NO BOUNDARIES PROSTHETIC FOUNDATION INC

**Current Principal Place of Business:**

850 W 49 ST  
304  
HIALEAH, FL 33012

**Current Mailing Address:**

850 W 49 ST #304  
HIALEAH, FL 33012 US

**FEI Number:** 27-1779908

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

QUIRANTES, ARMANDO  
850 W 49 ST #304  
HIALEAH, FL 33012 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:** ARMANDO QUIRANTES

06/22/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            QUIRANTES, ARMANDO  
Address        850 W 49 ST #304  
City-State-Zip: HIALEAH FL 33012

Title            SECRETARY  
Name            HO, GLORIA  
Address        3641 SW 161 TERR  
City-State-Zip: PEMBROKE PINES FL 33027

Title            TREASURER  
Name            BARBOSA , CARY  
Address        3641 SW 161 TERR  
City-State-Zip: PEMBROKE PINES FL 33027

*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:** ARMANDO QUIRANTES

PRESIDENT

06/22/2020

Electronic Signature of Signing Officer/Director Detail

Date