### 2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N1000000886

Entity Name: NO BOUNDARIES PROSTHETIC FOUNDATION INC

FILED Apr 01, 2019 Secretary of State 9895092266CC

## **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 04/01/2019

Electronic Signature of Registered Agent Date

### Officer/Director Detail:

Title PRESIDENT Title SECRETARY
Name QUIRANTES, ARMANDO Name HO, GLORIA

Address 850 W 49 ST #304 Address 3641 SW 161 TERR

City-State-Zip: HIALEAH FL 33012 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** 

04/01/2019