2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N1000005480

Entity Name: MIAMI JAZZ COOPERATIVE, INC.

Current Principal Place of Business:

6630 SW 70 LANE SOUTH MIAMI, FL 33143

Current Mailing Address:

P.O. BOX 44 SOUTH MIAMI, FL 33143 US

FEI Number: 27-2878472

Name and Address of Current Registered Agent:

KATZ, RICHARD L 6630 SW 70 LANE SOUTH MIAMI, FL 33143 US

Date

Certificate of Status Desired: No

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

Officer/Director Detail :

Title	D	Title	D
Name	KELLER, GARY	Name	DONATO, JOE
Address	P.O. BOX 44	Address	P.O. BOX 44
City-State-Zip:	SOUTH MIAMI FL 33143	City-State-Zip:	SOUTH MIAMI FL 33143
Title	D	Title	P, D
	-	Name	
Name	CONSOLA, FRANK	Name	KATZ, RICHARD L
Address	P.O. BOX 44	Address	P.O. BOX 44
City-State-Zip:	SOUTH MIAMI FL 33143	City-State-Zip:	SOUTH MIAMI FL 33143
Title	DIRECTOR	Title	DIRECTOR
Title Name	DIRECTOR GASIOR, JAMES	Title Name	DIRECTOR PEDERSEN, WENDY
Name Address	GASIOR, JAMES	Name	PEDERSEN, WENDY P.O. BOX 44
Name Address	GASIOR, JAMES P.O. BOX 44	Name Address City-State-Zip:	PEDERSEN, WENDY P.O. BOX 44 SOUTH MIAMI FL 33143
Name Address	GASIOR, JAMES P.O. BOX 44	Name Address	PEDERSEN, WENDY P.O. BOX 44
Name Address City-State-Zip:	GASIOR, JAMES P.O. BOX 44 SOUTH MIAMI FL 33143	Name Address City-State-Zip:	PEDERSEN, WENDY P.O. BOX 44 SOUTH MIAMI FL 33143
Name Address City-State-Zip: Title	GASIOR, JAMES P.O. BOX 44 SOUTH MIAMI FL 33143 DIRECTOR	Name Address City-State-Zip: Title	PEDERSEN, WENDY P.O. BOX 44 SOUTH MIAMI FL 33143 DIRECTOR
Name Address City-State-Zip: Title Name	GASIOR, JAMES P.O. BOX 44 SOUTH MIAMI FL 33143 DIRECTOR OUSLEY, JAMIE P.O. BOX 44	Name Address City-State-Zip: Title Name	PEDERSEN, WENDY P.O. BOX 44 SOUTH MIAMI FL 33143 DIRECTOR ALFORD, BRENDA P.O. BOX 44

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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: RICHARD L. KATZ

EXECUTIVE DIRECTOR 03/08/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR	Title	DIR
Name	WIGLER, MATT	Name	DRYFOOS, GLENN
Address	PO BOX 44	Address	P.O. BOX 44
City-State-Zip:	SOUTH MIAMI FL 33143	City-State-Zip:	SOUTH MIAMI FL 33143