

2018 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N10000006840

Entity Name: EARLY LEARNING CHILDREN'S FOUNDATION, INC.**Current Principal Place of Business:**6251 NW 7TH AVENUE
SUITE 204
MIAMI, FL 33150**Current Mailing Address:**6251 NW 7TH AVENUE
SUITE 204
MIAMI, FL 33150 US**FEI Number:** 45-4592661**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**TORRES, BELKIS
6251 NW 7TH AVENUE
SUITE 204
MIAMI, FL 33150 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:** BELKIS TORRES

10/15/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name SOTO, ALEX
Address 777 SW 37TH AVENUE
City-State-Zip: MIAMI FL 33135

Title DIRECTOR
Name BRUNO, MATTHEW
Address 220 ALHAMBRA CIRCLE
City-State-Zip: CORAL GABLES FL 33134

Title CO CHAIR
Name PEREZ, CARLOS
Address 1825 PONCE DE LEON BLVD.
SUITE 500
City-State-Zip: CORAL GABLES FL 33134

Title CO CHAIR
Name TORRES, EVELIO
Address 1825 PONCE DE LEON BLVD.
SUITE 500
City-State-Zip: CORAL GABLES FL 33134

Title TREASURER
Name NIDO, JOAQUIN SOLE
Address 16421 SAPPHIRE STREET
City-State-Zip: WESTON FL 33331

Title DIRECTOR
Name HOLLINGSWORTH, PAMELA
Address 1825 PONCE DE LEON BLVD.
SUITE 500
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR
Name MORALES, RAUL
Address 2600 S. DOUGLAS ROAD
SUITE 305
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR
Name MONTES, GLADYS
Address 3250 SW THIRD AVENUE
4TH FLOOR
City-State-Zip: MIAMI FL 33129

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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: BELKIS TORRES

DIRECTOR

10/15/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name STRACHAN, IRIS
Address 627 SW 27TH AVENUE
City-State-Zip: MIAMI FL 33132

Title DIRECTOR
Name TORRES, BELKIS
Address 6251 NW 7TH AVENUE
 SUITE 204
City-State-Zip: MIAMI FL 33150