

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000007335

Entity Name: THE CLEO INSTITUTE INC.**Current Principal Place of Business:**2103 CORAL WAY
2ND FLOOR
MIAMI, FL 33145**Current Mailing Address:**2103 CORAL WAY
2ND FLOOR
MIAMI, FL 33145 US**FEI Number:** 27-3185735**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CORPORATE CREATIONS NETWORK, INC.
801 US HIGHWAY 1
NORTH PALM BEACH, FL 33408 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 EXECUTIVE DIRECTOR
Name ARDITI-ROCHA, YOCA
Address 2103 CORAL WAY
2ND FLOOR
City-State-Zip: MIAMI FL 33145

Title TREASURER
Name HOROWITZ, BERNARD
Address 2103 CORAL WAY
2ND FLOOR
City-State-Zip: MIAMI FL 33145

Title OFFICER
Name WANLESS, HAROLD PHD
Address 2103 CORAL WAY
2ND FLOOR
City-State-Zip: MIAMI FL 33145

Title CHAIRMAN
Name DANIEL, DIETCH
Address 2103 CORAL WAY
2ND FLOOR
City-State-Zip: MIAMI FL 33145

Title OFFICER
Name FREEDMAN, EDWINE
Address 2103 CORAL WAY
2ND FLOOR
City-State-Zip: MIAMI FL 33145

Title FIRST VICE PRESIDENT
Name MORALES, JOHN
Address 2103 CORAL WAY
2ND FLOOR
City-State-Zip: MIAMI FL 33145

Title OFFICER
Name REYNOLDS, DELANEY
Address 2103 CORAL WAY
2ND FLOOR
City-State-Zip: MIAMI FL 33145

Title SECOND VICE PRESIDENT
Name GOLDSMITH, LINDSEY WOLFSON
Address 2103 CORAL WAY
2ND FLOOR
City-State-Zip: MIAMI FL 33145

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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: OLIVIA COLLINS**SENIOR DIRECTOR OR
PROGRAMS****01/29/2024**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title OFFICER
Name CASTELLANO, TOMAS
Address 2103 CORAL WAY
2ND FLOOR
City-State-Zip: MIAMI FL 33145

Title OFFICER
Name SAIONTZ, BRENT
Address 2103 CORAL WAY
2ND FLOOR
City-State-Zip: MIAMI FL 33145

Title OFFICER
Name HOLDER, CHERYL DR.
Address 2103 CORAL WAY
2ND FLOOR
City-State-Zip: MIAMI FL 33145

Title OFFICER
Name LERNER, CINDY
Address 2103 CORAL WAY
2ND FLOOR
City-State-Zip: MIAMI FL 33145

Title DIRECTOR
Name COLLINS, OLIVIA
Address 2103 CORAL WAY
2ND FLOOR
City-State-Zip: MIAMI FL 33145