

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000007335

FILED
Jan 16, 2018
Secretary of State
CC1235807680

Entity Name: THE CLEO INSTITUTE INC.

Current Principal Place of Business:

11000 RED ROAD
PINECREST, FL 33156

Current Mailing Address:

8325 NE 2ND AVENUE
203
MIAMI, FL 33137 US

FEI Number: 27-3185735

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 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 LEWIS, CAROLINE
Address 11000 RED ROAD
City-State-Zip: PINECREST FL 33156

Title PRESIDENT
Name FACELLA, MARIO
Address 11000 RED ROAD
City-State-Zip: PINECREST FL 33156

Title DIRECTOR
Name LEVERETT, LYNN DR.
Address 11000 RED ROAD
City-State-Zip: PINECREST FL 33156

Title DIRECTOR
Name WANLESS, HAROLD PHD
Address 11000 RED ROAD
City-State-Zip: PINECREST FL 33156

Title DIRECTOR
Name HOROWITZ, CARA
Address 11000 RED ROAD
City-State-Zip: PINECREST FL 33156

Title VP, TREASURER
Name HOROWITZ, BERNARD DR.
Address 11000 RED ROAD
City-State-Zip: PINECREST FL 33156

Title DIRECTOR
Name DIETCH, DANIEL
Address 11000 RED ROAD
City-State-Zip: PINECREST FL 33156

Title DIRECTOR
Name FREEDMAN, EDWINE
Address 11000 RED ROAD
City-State-Zip: PINECREST FL 33156

Continues on page 2

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: CAROLINE LEWIS

EXECUTIVE DIRECTOR

01/16/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MORALES, JOHN
Address 11000 RED ROAD
City-State-Zip: PINECREST FL 33156

Title OFFICER
Name MARTIN, DAVID
Address 11000 RED ROAD
City-State-Zip: PINECREST FL 33156

Title OFFICER
Name REYNOLDS, DELANEY
Address 11000 RED ROAD
City-State-Zip: PINECREST FL 33156

Title OFFICER
Name BAGUÉ, IRELA
Address 11000 RED ROAD
City-State-Zip: PINECREST FL 33156

Title OFFICER
Name PINTO, JULIET
Address 11000 RED ROAD
City-State-Zip: PINECREST FL 33156

Title OFFICER
Name O'CHANEY, MONICA
Address 11000 RED ROAD
City-State-Zip: PINECREST FL 33156