

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000004264

**Entity Name:** MATER LAKES ACADEMY PTSO CORP

**Current Principal Place of Business:**

17300 NW 87TH AVENUE  
PTSO  
MIAMI, FL 33015

**FILED**  
**Mar 03, 2023**  
**Secretary of State**  
**5383277116CC**

**Current Mailing Address:**

18845 NW 62ND AVE  
APT 106  
HIALEAH, FL 33015 US

**FEI Number: 80-0741101**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

VILLAO, PAOLA K.  
18845 NW 62ND AVE APT 106  
HIALEAH, FL 33015 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: JAY BRADY**

**03/03/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name VILLAO, PAOLA K.  
Address 18845 NW 62ND AVE APT 106  
City-State-Zip: HIALEAH FL 33015

Title T  
Name GORTAIRE, MARJORIE  
Address 3940 NW 168TH ST  
City-State-Zip: MIAMI GARDENS FL 33055

Title S  
Name MELENDEZ, DARLING  
Address 7750 NW 197TH ST  
City-State-Zip: HIALEAH FL 33015

Title S  
Name RODRIGUEZ, HEYDIS  
Address 255 E 34 ST  
City-State-Zip: HIALEAH FL 33013

Title S  
Name CARRAZANA, JENNY  
Address 5022 NW 173RD DRIVE  
City-State-Zip: MIAMI FL 33055

Title S  
Name ROCHA, PATRICIA  
Address 7010 NW 186 ST #505  
City-State-Zip: HIALEAH FL 33015

Title SECRETARY  
Name RIVERA, VERONICA  
Address 8881 NW 189TH TERRACE  
City-State-Zip: HIALEAH FL 33018

*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: PAOLA VILLAO**

**PRESIDENT**

**03/03/2023**

Electronic Signature of Signing Officer/Director Detail

Date