

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000005460

**Entity Name:** URBANPROMISE MIAMI, INC.

**Current Principal Place of Business:**

985 NW 1ST ST  
MIAMI, FL 33128

**Current Mailing Address:**

985 NW 1ST ST  
MIAMI, FL 33128 US

**FEI Number:** 45-2899556

**Certificate of Status Desired:** Yes

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

IMPOLA, SCOTT E  
985 NW 1ST ST  
MIAMI, FL 33128 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:** SCOTT E IMPOLA

01/28/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name NUNEZ, KRISTY ESQ.  
Address 985 NW 1ST ST  
City-State-Zip: MIAMI FL 33128

Title DIRECTOR  
Name PERDOMO, DOBERY MS.  
Address 985 NW 1ST ST  
City-State-Zip: MIAMI FL 33128

Title EXECUTIVE DIRECTOR  
Name IMPOLA, SCOTT  
Address 985 NW 1ST ST  
City-State-Zip: MIAMI FL 33128

Title DIRECTOR  
Name SHINNERS, RICH  
Address 985 NW 1ST ST  
City-State-Zip: MIAMI FL 33128

Title DIRECTOR  
Name HINTON, MICHAEL  
Address 985 NW 1ST ST  
City-State-Zip: MIAMI FL 33128

Title DIRECTOR  
Name KING, DON  
Address 985 NW 1ST ST  
City-State-Zip: MIAMI FL 33128

Title DIRECTOR  
Name PRIO, BRIGID  
Address 985 NW 1ST ST  
City-State-Zip: MIAMI FL 33128

Title DIRECTOR  
Name MAIN, BRUCE  
Address 985 NW 1ST ST  
City-State-Zip: MIAMI FL 33128

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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:** SCOTT E IMPOLA

EXECUTIVE DIRECTOR

01/28/2020

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name AMARANAYAKA, LOKESH  
Address 985 NW 1ST ST  
City-State-Zip: MIAMI FL 33128

Title DIRECTOR  
Name NAPOLEON, XIOMARA  
Address 985 NW 1ST ST  
City-State-Zip: MIAMI FL 33128

Title DIRECTOR  
Name THOMPSON, ANTHONY  
Address 985 NW 1ST ST  
City-State-Zip: MIAMI FL 33128

Title DIRECTOR  
Name CARRANZA, LUIS  
Address 985 NW 1ST ST  
City-State-Zip: MIAMI FL 33128

Title DIRECTOR  
Name DAVIES, HELEN  
Address 985 NW 1ST ST  
City-State-Zip: MIAMI FL 33128

Title DIRECTOR  
Name AGUIRRE, JULIANA  
Address 985 NW 1ST ST  
City-State-Zip: MIAMI FL 33128