

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000007179

Entity Name: THE MIAMI BOARDING SCHOOL, INC.**Current Principal Place of Business:**1000 BRICKELL AVE SUITE 1020
MIAMI, FL 33131**Current Mailing Address:**1000 BRICKELL AVE SUITE 1020
MIAMI, FL 33131**FEI Number:** 45-3532587**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**DAMIAN, MELANIE ESQ.
DAMIAN & VALORI LLP
1000 BRICKELL AVENUE 1020
MIAMI, FL 33131 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:** MELANIE DAMIAN

04/30/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN, DIRECTOR
Name DAMIAN, MELANIE
Address 1000 BRICKELL AVE SUITE 1020
City-State-Zip: MIAMI FL 33131

Title DIRECTOR
Name BUDD, AVIVA
Address 215 OCEAN DRIVE W
City-State-Zip: STAMFORD CT 06902

Title DIRECTOR
Name COPE, CAROL
Address 218 GREEWAY DRIVE
City-State-Zip: CORAL GABLES FL 33134

Title TREASURER, DIRECTOR
Name CULMO, THOMAS
Address 4090 LAGUNA STREET
City-State-Zip: CORAL GABLES FL 33146

Title DIRECTOR
Name EMMONS, VIRGINIA
Address 1717 NORTH BAYSHORE DRIVE
#203
City-State-Zip: MIAMI FL 33131

Title DIRECTOR
Name GORDON, ROBERT
Address 2665 BAYSHORE DRIVE
#230
City-State-Zip: COCONUT GROVE FL 33133

Title DIRECTOR
Name STUART, ISREALSON
Address 20023 NE 39 PLACE
City-State-Zip: AVENTURA FL 33180

Title DIRECTOR
Name MEDINA, TERY
Address 1401 EAST BROWARD BLVD
#304
City-State-Zip: FT LAUDERDALE FL 33301

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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: MELANIE DAMIAN

CHAIRMAN, DIRECTOR

04/30/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

| | |
|-----------------|-------------------------|
| Title | DIRECTOR |
| Name | TERRELL, DOROTHY |
| Address | 400 ALTON ROAD #2503 |
| City-State-Zip: | MIAMI BEACH FL 33139 |