## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11365

Entity Name: GREATER MIAMI AVIATION ASSOCIATION, INC.

**Current Principal Place of Business:** 

5701 NW 36 ST MIAMI. FL 33166

**Current Mailing Address:** 

P.O. BOX 660834 MIAMI, FL 33266 US

FEI Number: 59-2694879 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TZUR, AVIV 5701 NW 36 ST MIAMI, FL 33166 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: YANELLE M BARINAS

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title PRESIDENT Title 1ST VP

Name TZUR, AVIV Name GONZALEZ, NELSON JESUS

 Address
 5701 NW 36 ST
 Address
 5701 NW 36 ST

 City-State-Zip:
 MIAMI FL 33166
 City-State-Zip: MIAMI FL 33166

Title **TREASURER** Title 2ND VP Name AEDO, ANITA PINTO, CARLA Name Address 5701 NW 36 ST Address 5701 NW 36 ST MIAMI FL 33166 City-State-Zip: City-State-Zip: MIAMI FL 33166

Title SECRETARY Title 3RD VICE PRESIDENT

Name SYMONETTE. VENA Name LUY, WAYMAN EDUARDO

Address 5701 NORTHWEST 36TH STREET Address 5701 NORTHWEST 36TH STREET

City-State-Zip: MIAMI FL 33166 City-State-Zip: MIAMI FL 33166

Title D Title D

NameWALTER, KONRADNameGUTIERREZ, SILVIAAddress5701 NW 36 STAddress5701 NW 36 STCity-State-Zip:MIAMI FL 33166City-State-Zip:MIAMI FL 33166

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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: AVIV TZUR PRESIDENT 04/10/2024

Electronic Signature of Signing Officer/Director Detail

Date

FILED Apr 10, 2024

**Secretary of State** 

3149571018CC

04/10/2024

## Officer/Director Detail Continued:

Title DIRECTOR Title

Name ROBINET, PATRICE Name SOKOLOWSKI, VICKY

Address 5701 NORTHWEST 36TH STREET Address 5701 NW 36 ST City-State-Zip: MIAMI FL 33166

MIAMI FL 33166 City-State-Zip:

Title D

Name MESA, MADELINE Name MURPHY, CAM

5701 NORTHWEST 36TH STREET Address Address 5701 NW 36 ST

Title

D

**DIRECTOR** 

City-State-Zip: MIAMI FL 33166 City-State-Zip: MIAMI FL 33166

Title **DIRECTOR** Title DIRECTOR

Name SHEPARD, WILLARD LIGHTBOURNE, SASHA Name

Address 5701 NORTHWEST 36TH STREET 5701 NORTHWEST 36TH STREET Address

City-State-Zip: MIAMI FL 33166 City-State-Zip: MIAMI FL 33166

Title DIRECTOR Title DIRECTOR

Name MOHAN, ROHAN Name LONGO, REBECCA

Address 5701 NW 36TH ST Address 5701 NORTHWEST 36TH STREET

City-State-Zip: MIAMI FL 33166 City-State-Zip: MIAMI FL 33166

Title **DIRECTOR** DIRECTOR Title

PULLEY, STEWART Name Name FERJAN, KLEMEN Address 5701 NW 36TH ST Address 5701 NW 36TH ST

MIAMI FL 33166 City-State-Zip: City-State-Zip: MIAMI FL 33166