

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000000925

Entity Name: COMMUNITY HEALTH AND WELLNESS CENTER OF MIAMI INC.

Current Principal Place of Business:

759 NW 22 AVE
MIAMI, FL 33125

Current Mailing Address:

759 NW 22 AVE
MIAMI, FL 33125 US

FEI Number: 46-1906764

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MOREIRA, MASIEL
759 NW 22 AVE
MIAMI, FL 33125 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: MASIEL MOREIRA

04/29/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN, FOUNDER, PRESIDENT
AND CEO
Name MOREIRA, MASIEL
Address 759 NW 22ND AVE
STE 202
City-State-Zip: MIAMI FL 33125

Title DIRECTOR
Name CUETO, MARIO
Address 759 NW 22ND AVE
STE 202
City-State-Zip: MIAMI FL 33125

Title DIRECTOR
Name ALEXANDRA , DIEZ
Address 759 NW 22ND AVE
STE 202
City-State-Zip: MIAMI FL 33125

Title DIRECTOR
Name COTO, JORGE
Address 759 NW 22 AVE
City-State-Zip: MIAMI FL 33125

Title DIRECTOR
Name CEDENO, JEANNE ELYSE DR.
Address 759 NW 22 AVE
City-State-Zip: MIAMI FL 33125

Title ELDER
Name PEDROSA, EDELFA
Address 759 NW 22 AVE
City-State-Zip: MIAMI FL 33125

Title TREASURER
Name MARTINEZ, ERWING XAVIER
Address 759 NW 22 AVE
City-State-Zip: MIAMI FL 33125

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: MASIEL MOREIRA

PRESIDENT

04/29/2021

Electronic Signature of Signing Officer/Director Detail

Date