

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000004760

Entity Name: DOWNTOWN NEIGHBORS ALLIANCE, INC.**Current Principal Place of Business:**ROSA M DE LA CAMARA, ESQ.
121 ALHAMBRA PLAZA, 10TH FL
CORAL GABLES, FL 33134**Current Mailing Address:**ROSA M DE LA CAMARA, ESQ.
121 ALHAMBRA PLAZA, 10TH FL
CORAL GABLES, FL 33134**FEI Number:** 47-1315285**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DE LA CAMARA, ROSA M ESQ
121 ALHAMBRA PLAZA, 10TH FL
CORAL GABLES, FL 33134 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name KABBANI, AMAL
Address 121 ALHAMBRA PLAZA, 10TH FL
City-State-Zip: CORAL GABLES FL 33134

Title VP
Name KALAVESHI, MATILDA
Address 121 ALHAMBRA PLAZA, 10TH FL
City-State-Zip: CORAL GABLES FL 33134

Title TREASURER
Name BENOSH, ITAI
Address 121 ALHAMBRA PLAZA, 10TH FL
City-State-Zip: CORAL GABLES FL 33134

Title SECRETARY
Name CAPOTE, MIKE
Address 121 ALHAMBRA PLAZA, 10TH FL
City-State-Zip: CORAL GABLES FL 33134

Title AT LARGE
Name DAS, SHAJAY
Address 121 ALHAMBRA PLAZA, 10TH FL
City-State-Zip: CORAL GABLES FL 33134

Title AT LARGE
Name GUERRERO, RAUL
Address 121 ALHAMBRA PLAZA, 10TH FL
City-State-Zip: CORAL GABLES FL 33134

Title AT LARGE
Name FENTON, FRAN
Address 121 ALHAMBRA PLAZA, 10TH FL
City-State-Zip: CORAL GABLES FL 33134

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: ITAI BENOSH**TREASURER****02/23/2020**

Electronic Signature of Signing Officer/Director Detail

Date