

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000004170

Entity Name: EKKLESIA BRICKELL, INC.**Current Principal Place of Business:**3000 SW 3 AVENUE
SUITE 413
MIAMI, FL 33129**Current Mailing Address:**3000 SW 3 AVENUE
SUITE 413
MIAMI, FL 33129 US**FEI Number:** 46-5553713**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ARCOS, HECTOR F
3000 SW 3 AVENUE
SUITE 413
MIAMI, FL 33129 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 P
Name ARCOS, HECTOR F
Address 3000 SW 3 AVENUE
SUITE 413
City-State-Zip: MIAMI FL 33129

Title D, S
Name ARCOS, SHARON E
Address 3000 SW 3 AVENUE
SUITE 413
City-State-Zip: MIAMI FL 33129

Title DIRECTOR
Name CARRASQUILLO, MARCOS Y
Address 9831 NW 58 ST.
SUITE 144
City-State-Zip: DORAL FL 33178

Title TREASURER
Name MONROY, ANDRES
Address 3105 NW 107TH AVENUE
SUITE 505
City-State-Zip: DORAL FL 33172

Title VP
Name DUGAND, JOSE V
Address 13766 SW 118TH TERRACE
City-State-Zip: MIAMI FL 33186

Title D
Name DUGAND, JESSICA L
Address 13766 SW 118 TH TERRACE
City-State-Zip: MIAMI FL 33186

Title DIRECTOR
Name ALCIVAR, GUSTAVO G
Address 999 BRICKELL BAY DR
SUITE 1107
City-State-Zip: MIAMI FL 33131

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: HECTOR ARCOS**PRESIDENT****04/24/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date