

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000006893

**Entity Name:** FUNDACION NORTH ATLANTIC CORP.

**Current Principal Place of Business:**

951 SW 12 AVE  
POMPANO BEACH, FL 33069

**Current Mailing Address:**

951 SW 12 AVE  
POMPANO BEACH, FL 33069 US

**FEI Number:** 47-1438351

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

UNITED STATES CORPORATION AGENTS, INC.  
5575 S. SEMORAN BLVD  
SUITE 36  
ORLANDO, FL 32822 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            GARCIA, ALEXIS  
Address        951 SW 12 AVE  
City-State-Zip: POMPANO BEACH FL 33069

Title            TREASURER  
Name            NICHOLAS, GARCIA  
Address        951 SW 12 AVE  
City-State-Zip: POMPANO BEACH FL 33069

Title            CHAIRMAN  
Name            GARCIA, XINIA  
Address        951 SW 12 AVE  
City-State-Zip: POMPANO BEACH FL 33069

Title            SECRETARY  
Name            JOYCE, GARCIA  
Address        951 SW 12 AVE  
City-State-Zip: POMPANO BEACH FL 33069

*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:** ALEXIS GARCIA

**PRES**

**02/06/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date