#### 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: ARELIS D JONES

Electronic Signature of Signing Officer/Director Detail

Title	P	Title	VP
Name	JONES, ARELIS D	Name	DOMINGUEZ, PAULA J
Address	1764 SW 151 PLACE	Address	6031 SW 162 CT
City-State-Zip:	MIAMI FL 33185	City-State-Zip:	MIAMI FL 33193
Title	SECRETARY		
Name	MARTINEZ, LIGIA		
Address	1764 SW 151 PLACE		
City-State-Zip:	MIAMI FL 33185		

JONES, ARELIS D 1764 SW 151 PLACE

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000011471

Entity Name: LEARNING SLASH ARTS CENTER CORP

## **Current Principal Place of Business:**

1764 SW 151 PLACE MIAMI, FL 33185

### **Current Mailing Address:**

1764 SW 151 PLACE MIAMI, FL 33185 US

# FEI Number: 47-2571208

# Name and Address of Current Registered Agent:

MIAMI, FL 33185 US

SIGNATURE:

Electronic Signature of Registered Agent **Officer/Director Detail :** 

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.

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

PRESIDENT

# 06/20/2020

Date

## FILED Jun 20, 2020 Secretary of State 6986256292CC

Certificate of Status Desired: No

Date