

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000008499

Entity Name: MIAMI-DADE URBAN DEBATE LEAGUE, INC.**Current Principal Place of Business:**17 NE 4TH ST
FORT LAUDERDALE, FL 33301**Current Mailing Address:**17 NE 4TH ST
FORT LAUDERDALE, FL 33301 US**FEI Number:** 47-5182053**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REED, DALE
17 NE 4TH ST
FORT LAUDERDALE, FL 33301 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:** DALE REED

02/12/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name SCHULMAN, CLIFFORD A
Address 17 NE 4TH ST
City-State-Zip: FORT LAUDERDALE FL 33301

Title DIRECTOR
Name STEINBERG, DAVID
Address 17 NE 4TH ST
City-State-Zip: FORT LAUDERDALE FL 33301

Title DIRECTOR, VICE-PRESIDENT
Name SAINTE, BRIANNA
Address 17 NE 4TH ST
City-State-Zip: FORT LAUDERDALE FL 33301

Title DIRECTOR
Name DEL MAR LOPEZ, CORAL
Address 17 NE 4TH ST
City-State-Zip: FORT LAUDERDALE FL 33301

Title DIRECTOR, TREASURER
Name REED, DALE
Address 17 NE 4TH ST
City-State-Zip: FORT LAUDERDALE FL 33301

Title CHAIRMAN, PRESIDENT
Name GARCIA, OSVALDO
Address 1450 BRICKELL AVE
FLOOR 32
City-State-Zip: MIAMI FL 33131

Title DIRECTOR
Name HARRISON, NIYALA
Address 17 NE 4TH ST
City-State-Zip: FORT LAUDERDALE FL 33301

Title DIRECTOR
Name ROSS, IAN
Address 17 NE 4TH ST
City-State-Zip: FORT LAUDERDALE FL 33301

Continues on page 2

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: OSVALDO GARCIA

PRESIDENT

02/12/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name WILLIAMS, GAVIN
Address 701 BRICKELL AVE.
STE 3000
City-State-Zip: MIAMI FL 33131

Title DIRECTOR, SECRETARY
Name SMITH, JHANILE TRUDY
Address 200 S BISCAYNE BLVD
STE 4900
City-State-Zip: MIAMI FL 33131

Title DIRECTOR
Name LUGER, JUSTIN D
Address 2800 PONCE DE LEON BLVD.
12TH FLOOR
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR
Name GRAY, COREY PATRICK
Address 401 E LAS OLAS BLVD
1200
City-State-Zip: FT. LAUDERDALE FL 33301

Title DIRECTOR
Name MITCHEL, BENJAMIN
Address 1450 BRICKELL AVE.
STE 2300
City-State-Zip: MIAMI FL 33131