

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000008725

**Entity Name:** NEW ACROPOLIS MIAMI, INC.**Current Principal Place of Business:**115 MENDOZA AVENUE, # 303  
CORAL GABLES, FL 33134**Current Mailing Address:**PO BOX 144970  
CORAL GABLES, FL 33114 US**FEI Number:** 81-0989740**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ZAMBRANO, ANDREINA  
115 MENDOZA AVENUE, # 303  
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:** ANDREINA ZAMBRANO

04/29/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PMD  
Name WARREN, ALEXANDER M  
Address P.O. BOX 37215  
City-State-Zip: RALEIGH NC 27627

Title SVD  
Name WARREN, ELIZABETH  
Address P.O. BOX 37215  
City-State-Zip: RALEIGH NC 27627

Title DV  
Name HIRSCHORN, DAVID N  
Address 6780 JOHN RIVERS ROAD  
City-State-Zip: FAIRBURN GA 30213

Title DV  
Name ZAMBRANO, ANDREINA  
Address 115 MENDOZA AVENUE, # 303  
City-State-Zip: CORAL GABLES FL 33134

Title DV  
Name MERCER, STEPHANIE  
Address 8818 MCCARTNEY WAY  
City-State-Zip: CHARLOTTE NC 28216

Title DV  
Name BERNAL, JULIAN  
Address 1638 54TH AVENUE NORTH, APT 213  
City-State-Zip: NASHVILLE TN 37209

Title DV  
Name FASANA, SABRINA  
Address 7532 BUCCANEER AVENUE  
City-State-Zip: NORTH BAY VILLAGE FL 33141

*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:** ALEXANDER M WARREN

PMD

04/29/2023

Electronic Signature of Signing Officer/Director Detail

Date