

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

DOCUMENT# N16000011544

**Entity Name:** MATER FILIUS MIAMI, INC

**Current Principal Place of Business:**

5790 SW 130TH AVE  
SOUTHWEST RANCHES, FL 33330

**Current Mailing Address:**

1167 CHENILLE CIRCLE  
WESTON, FL 33327 US

**FEI Number:** 81-4651958

**Certificate of Status Desired:** No

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

SALAS, JUAN C  
1167 CHENILLE CIRCLE  
WESTON, FL 33327 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 SALAS, JUAN C  
Address 1167 CHENILLE CIRCLE  
City-State-Zip: WESTON FL 33327

Title VP  
Name MAINELLI, JAMES H  
Address 116 S 127TH PLZ  
City-State-Zip: OMAHA NE 68154

Title VP  
Name ISERN, FERNANDO  
Address 2987 W FLAGLER STREET  
City-State-Zip: MIAMI FL 33135

Title S  
Name PSILLAKIS, BARBARA  
Address 16952 SW 5 WAY  
City-State-Zip: WESTON FL 33326

Title VP  
Name RIVERA, YAMILE  
Address 1925 BRICKELL AVENUE  
APT D2 111  
City-State-Zip: MIAMI FL 33129

Title VP  
Name O' SULLIVAN, MARY JOSEPHINE  
Address 14265 SW 73 ST  
City-State-Zip: MIAMI FL 33183

Title VP  
Name WAHLBERG, JAMES  
Address 10779 SW 55TH STREET  
City-State-Zip: COOPER CITY FL 33328

*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:** JUAN CARLOS SALAS

**PRESIDENT**

**09/04/2020**

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

\_\_\_\_\_  
Date