

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17000001746

Entity Name: INTERFAITH MIAMI INC.**Current Principal Place of Business:**300 GRANELLO AVE
#561
CORAL GABLES, FL 33146**Current Mailing Address:**300 GRANELLO AVE
#561
CORAL GABLES, FL 33146 US**FEI Number:** 81-5412066**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MARRERO, HAROLD
300 GRANELLO AVE
#561
CORAL GABLES, FL 33146 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 MARRERO, HAROLD
Address 300 GRANELLO AVE
 #561
City-State-Zip: CORAL GABLES FL 33146

Title TREASURER
Name HADLEY, JAYLON
Address 9823 NE 4TH AVE.
City-State-Zip: MIAMI SHORES FL 33138

Title O
Name HILTON, JENNIFER
Address 210 SW 11 ST. APT 504
City-State-Zip: MIAMI FL 33130

Title OFFICER
Name GREENGRASS, RACHEL RABBI
Address 5950 SW 88 ST
City-State-Zip: PINECREST FL 33156

Title OFFICER
Name SLOAN, ALEX
Address 45 ANTILLA AVE APT 2B
City-State-Zip: CORAL GABLES FL 33134

Title VP
Name LAUER, AARON PASTOR
Address 3010 DE SOTO BLVD
City-State-Zip: MIAMI FL 33134

Title SECRETARY
Name SHERIDAN, DANIEL DR.
Address 300 GRANELLO AVE
 #561
City-State-Zip: CORAL GABLES FL 33146

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: HAROLD MARRERO**PRESIDENT****03/27/2018**

Electronic Signature of Signing Officer/Director Detail

Date