Current Prin 8010 W SAMPI MARGATE, FL	-		70303	24090CC
Current Mai	ling Address:			
8010 W SAN MARGATE,	IPLE ROAD FL 33065			
FEI Number: 82-0740312		Certificate of Status Desired: No		
Name and A	Address of Current Registered Agent:			
MALDONADO, 8010 W SAMPI MARGATE, FL	LE ROAD			
The above name	d entity submits this statement for the purpose of changing its regi	stered office or regis	stered agent, or both, in the State of	Florida.
	d entity submits this statement for the purpose of changing its regi E: FIRMO MALDONADO	stered office or regis	stered agent, or both, in the State of	Florida. 04/23/2024
		stered office or regis	stered agent, or both, in the State of	
SIGNATUR	E: FIRMO MALDONADO	stered office or regis	stered agent, or both, in the State of a	04/23/2024
SIGNATUR	E: FIRMO MALDONADO Electronic Signature of Registered Agent	istered office or regis	stered agent, or both, in the State of i	04/23/2024
SIGNATURE Officer/Dire	E: FIRMO MALDONADO Electronic Signature of Registered Agent Ctor Detail :			04/23/2024
SIGNATUR	E: FIRMO MALDONADO Electronic Signature of Registered Agent ctor Detail :	Title	D	04/23/2024
SIGNATURE Officer/Dire Title Name	E: FIRMO MALDONADO Electronic Signature of Registered Agent Ctor Detail : D MALDONADO, FIRMO 8010 W SAMPLE ROAD	Title Name	D PINTO, RAFAEL 8010 W SAMPLE ROAD	04/23/2024
SIGNATURE Officer/Dire Title Name Address	E: FIRMO MALDONADO Electronic Signature of Registered Agent Ctor Detail : D MALDONADO, FIRMO 8010 W SAMPLE ROAD	Title Name Address	D PINTO, RAFAEL 8010 W SAMPLE ROAD	04/23/2024
SIGNATURE Officer/Dire Title Name Address City-State-Zip:	E: FIRMO MALDONADO Electronic Signature of Registered Agent Ctor Detail : D MALDONADO, FIRMO 8010 W SAMPLE ROAD MARGATE FL 33065	Title Name Address	D PINTO, RAFAEL 8010 W SAMPLE ROAD	04/23/2024
SIGNATURE Officer/Dire Title Name Address City-State-Zip: Title	E: FIRMO MALDONADO Electronic Signature of Registered Agent Ctor Detail : D MALDONADO, FIRMO 8010 W SAMPLE ROAD MARGATE FL 33065 D	Title Name Address	D PINTO, RAFAEL 8010 W SAMPLE ROAD	04/23/2024

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.

DIRECTOR

SIGNATURE: FIRMO MALDONADO

Electronic Signature of Signing Officer/Director Detail

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: NACIONES UNIDAS IMMIGRANT CARE FOUNDATION, INC.

DOCUMENT# N1700002426

## FILED Apr 23, 2024 Secretary of State 7638324096CC