

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000002453

**Entity Name:** MUCE EDUCATES CORP.**Current Principal Place of Business:**246 NORTHWEST 54TH STREET  
MIAMI, FL 33127**Current Mailing Address:**9925 NW 25 AVE  
MIAMI, FL 33147 US**FEI Number:** 81-3891807**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**THOMAS, ASHLEE K  
9925 NW 25 AVE  
MIAMI, FL 33147 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            CORRESPONDING SECRETARY  
Name           MUNAJJ, KATRINA  
Address        9925 NW 25 AVE  
City-State-Zip: MIAMI FL 33147

Title            OTHER  
Name           MERVIL, BARTHELEMY  
Address        246 NORTHWEST 54TH STREET  
City-State-Zip: MIAMI FL 33127

Title            DIRECTOR  
Name           THOMAS, ASHLEE  
Address        9925 NW 25 AVE  
City-State-Zip: MIAMI FL 33147

Title            OTHER  
Name           BORDES, JOSE  
Address        246 NW 54TH ST  
City-State-Zip: MIAMI FL 33127

Title            OTHER  
Name           FELIN, WILLS  
Address        246 NW 54TH ST  
City-State-Zip: MIAMI FL 33127

*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:** ASHLEE K. THOMAS**AUTHORIZED AGENT****02/14/2022**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date