

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18000001047

Entity Name: BASS CLEF FOUNDATION GROUP INC**Current Principal Place of Business:**2199 PONCE DE LEON BLVD
STE 402
CORAL GABLES, FL 33134**Current Mailing Address:**2199 PONCE DE LEON BLVD
STE 402
CORAL GABLES, FL 33134 US**FEI Number:** 82-4221283**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BASS CLEF HOLDING GROUP LLC
2199 PONCE DE LEON BLVD
STE 402
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:** DAVID MESA

06/25/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name MESA, DAVID A
Address 2199 PONCE DE LEON BLVD
 STE 402
City-State-Zip: CORAL GABLES FL 33134

Title VP
Name RODRIGUEZ, ELI
Address 2199 PONCE DE LEON BLVD
 STE 402
City-State-Zip: CORAL GABLES FL 33134

Title TREASURER
Name ZUB, JENIFER
Address 2199 PONCE DE LEON BLVD
 STE 402
City-State-Zip: CORAL GABLES FL 33134

Title SECRETARY
Name DRAKELY SMITH, THERESE
Address 2199 PONCE DE LEON BLVD
 STE 402
City-State-Zip: CORAL GABLES FL 33134

Title BOARD MEMBER
Name KLEIN, LLOYD
Address 2199 PONCE DE LEON BLVD
 STE 402
City-State-Zip: CORAL GABLES FL 33134

Title BOARD MEMBER
Name BASSANO, ELISA
Address 2199 PONCE DE LEON BLVD
 STE 402
City-State-Zip: CORAL GABLES FL 33134

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: DAVID MESA

PRESIDENT

06/25/2020

Electronic Signature of Signing Officer/Director Detail

Date