

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19000000579

Entity Name: NICAS AUTOCONVOCADOS EN MIAMI INC.**Current Principal Place of Business:**215 SW 17 AVE
304
MIAMI, FL 33135**Current Mailing Address:**215 SW 17 AVE
304
MIAMI, FL 33135 US**FEI Number: APPLIED FOR****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GONZALEZ, MILTON R
215 SW 17 AVE
304
MIAMI, FL 33135 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 GONZALEZ, MILTON R
Address 215 SW 17 AVE
 # 304
City-State-Zip: MIAMI FL 33135

Title TREASURER
Name SILVA, MARCIA
Address 215 SW 17 AVE
 # 304
City-State-Zip: MIAMI FL 33135

Title VP
Name VILLALOBOS, FRANCISCO
Address 215 SW 17 AVE
 # 304
City-State-Zip: MIAMI FL 33135

Title SECRETARY
Name VALLEJOS, MARIA ESPERANZA
Address 215 SW 17 AVE
 # 304
City-State-Zip: MIAMI FL 33135

Title DIRECTOR
Name ORDENANA, KARLA
Address 215 SW 17 AVE
 # 304
City-State-Zip: MIAMI FL 33135

Title DIRECTOR
Name CARDENAS, BLANCA
Address 215 SW 17 AVE
 # 304
City-State-Zip: MIAMI FL 33135

Title DIRECTOR
Name MOLINA, LUIS
Address 215 SW 17 AVE
 # 304
City-State-Zip: MIAMI FL 33135

Title DIRECTOR
Name GONZALEZ, MILTON R JR.
Address 215 SW 17 AVE
 # 304
City-State-Zip: MIAMI FL 33135

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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: MILTON R GONZALEZ**PRESIDENT****03/31/2021**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	ALVAREZ, KARLA
Address	215 SW 17 AVE # 304
City-State-Zip:	MIAMI FL 33135