

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19000003555

Entity Name: APPARENT ABILITIES FOUNDATION, INC.

Current Principal Place of Business:

2655 S. LE JEUNE ROAD SUITE: 314
CORAL GABLES, FL 33134

Current Mailing Address:

2655 S. LE JEUNE ROAD SUITE: 314
CORAL GABLES, FL 33134

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JOSIE PEREZ VELIS, ESQUIRE
2655 S. LE JEUNE ROAD SUITE: 314
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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title D
Name LORBER, CHARLOTTE
Address 3400 SW 27TH AVENUE #703
City-State-Zip: COCONUT GROVE FL 33133

Title D
Name SUSAN DES ROCHES
Address 6660 SW 70TH TERRACE
City-State-Zip: MIAMI FL 33143

Title D, PRESIDENT
Name BLAIRE, KAREN
Address 615 ALEDO AVENUE
City-State-Zip: CORAL GABLES FL 33134

Title D, TREASURER
Name BLAIRE, ADAM C.
Address 615 ALEDO AVENUE
City-State-Zip: CORAL GABLES FL 33134

Title D, VP
Name CORREA, MARIA L.
Address 615 ALEDO AVENUE
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: KAREN BLAIRE

PRESIDENT

02/18/2020

Electronic Signature of Signing Officer/Director Detail

Date