

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19000005241

**Entity Name:** FUNDACION DE HIPERTENSION ARTERIAL DE VENEZUELA, CORP

**FILED**  
**Jun 30, 2020**  
**Secretary of State**  
**3854648719CC**

**Current Principal Place of Business:**

2900 SW 116TH AVE  
105  
MIRAMAR, FL 33025

**Current Mailing Address:**

2900 SW 116TH AVE  
105  
MIRAMAR, FL 33025 US

**FEI Number: 84-1832418**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

MAKERS CORPORATION  
4095 SOUTHERN BLVD  
204  
WEST PALM BEACH, FL 33406 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 DP  
Name SILVA, EGLE  
Address 2900 SW 116TH AVE STE 105  
City-State-Zip: MIRAMAR FL 33025

Title DT  
Name MADUEÑ±O, FREDDY  
Address 2900 SW 116TH AVE STE 105  
City-State-Zip: MIRAMAR FL 33025

Title D  
Name ECHEVERRIA, RALPH  
Address 2900 SW 116TH AVE STE 105  
City-State-Zip: MIRAMAR FL 33025

*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: EGLE SILVA**

**DP**

**06/30/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date