Electronic Signature of Signing Officer/Director Detail

# DOCUMENT# N19077

Entity Name: MAIN STREET PLAYERS, INC.

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

## **Current Principal Place of Business:**

6812 MAIN STREET MIAMI LAKES, FL 33014

### **Current Mailing Address:**

6812 MAIN STREET MIAMI LAKES, FL 33014 US

## FEI Number: 65-0010115

# Name and Address of Current Registered Agent:

FERNANDEZ, PATRISA 12590 NE 16TH AVE. 510 MIAMI, FL 33161 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: PATRISA FERNANDEZ 02				
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	VP	Title	DIRECTOR	
Name	NIEVES, DANIEL	Name	JAMES, CHARLES	
Address	1325 SW 93RD PLACE	Address	19930 NW 9TH DRIVE	
City-State-Zip:	MIAMI FL 33174	City-State-Zip:	PEMBROKE PINES FL 33029	
Title	PRESIDENT	Title	DIRECTOR	
Name	FERNANDEZ, PATRISA	Name	CASTILLO, CINDY	
Address	16751 NE 9TH AVENUE	Address	3761 EAST 3RD AVENUE	
City-State-Zip:	APT. 308 NORTH MIAMI BEACH FL 33162	City-State-Zip:	HIALEAH FL 33013	
Title		Title	SECRETARY	
Name	DIRECTOR ESPOSITO, ANGELINA	Name	SPARHAWK, AMANDA	
Address	523 SW 113TH AVE	Address	1620 SW 40TH AVE APT.#2	
City-State-Zip:	MIAMI FL 33174	City-State-Zip:	MIAMI FL 33134	
Title	DIRECTOR	Title	DIRECTOR	
Name	RANDLE, RODERICK	Name	ORTEGA, AMANDA	
Address	1420 NW 196TH TERRACE	Address	5529 SW 119TH AVE	
City-State-Zip:	MIAMI GARDENS FL 33169	City-State-Zip:	COOPER CITY FL 33330	

## Continues on page 2

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: DANIEL ALEJANDRO NIEVES

VICE PRESIDENT

02/07/2023

FILED Feb 07, 2023 Secretary of State 4187829273CC

Certificate of Status Desired: No

Date

#### **Officer/Director Detail Continued :**

Title	DIRECTOR
Name	SVADBIK , KATLIN
Address	2476 SW 17TH STREET
City-State-Zip:	MIAMI FL 33145