

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

**FILED**

DOCUMENT# N19077

**Jan 31, 2020**

**Entity Name:** MAIN STREET PLAYERS, INC.

**Secretary of State**

**1870329827CC**

**Current Principal Place of Business:**

6766 MAIN STREET  
MIAMI LAKES, FL 33014

**Current Mailing Address:**

6766 MAIN STREET  
MIAMI LAKES, FL 33014 US

**FEI Number:** 65-0010115

**Certificate of Status Desired:** Yes

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

POLANCO, ISAAC A  
1750 N.E 115TH STREET  
301  
MIAMI, FL 33181 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:** ISAAC A. POLANCO

01/31/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name NIEVES, DANIEL  
Address 1325 SW 93RD PLACE  
City-State-Zip: MIAMI FL 33174

Title DIRECTOR  
Name JAMES, CHARLES  
Address 19930 NW 9TH DRIVE  
City-State-Zip: PEMBROKE PINES FL 33029

Title VP  
Name FERNANDEZ, PATTY  
Address 16751 NE 9TH AVENUE  
APT. 308  
City-State-Zip: NORTH MIAMI BEACH FL 33162

Title TREASURER  
Name LYZNIAK, DENNIS JOSEPH  
Address 16019 NW 82ND PLACE  
City-State-Zip: MIAMI LAKES FL 33016

Title DIRECTOR  
Name D'ANGELO, CHRISTOPHER  
Address 6911 BAY DRIVE  
4  
City-State-Zip: MIAMI BEACH FL 33141

Title DIRECTOR  
Name CASTILLO, CINDY  
Address 3761 EAST 3RD AVENUE  
City-State-Zip: HIALEAH FL 33013

Title PRESIDENT  
Name POLANCO, ISAAC  
Address 1750 NE 115TH STREET  
301  
City-State-Zip: MIAMI FL 33161

Title SECRETARY  
Name COUCH, DOROTHY L  
Address 16155 NW 64TH AVENUE  
APT. #330  
City-State-Zip: MIAMI LAKES FL 33014

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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:** DOROTHY COUCH

**SECRETARY**

01/31/2020

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            ESPOSITO, ANGIE  
Address        523 SW 113TH AVE  
City-State-Zip: MIAMI FL 33174

Title            DIRECTOR  
Name            SPARHAWK, AMANDA  
Address        1620 SW 40TH AVE  
                  APT.#2  
City-State-Zip: MIAMI FL 33134