

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20000007039

**FILED**  
**Apr 25, 2021**  
**Secretary of State**  
**3362017681CC**

**Entity Name:** MIAMI INSTITUTE FOR THE SOCIAL SCIENCES, INC

**Current Principal Place of Business:**

1825 PONCE DE LEON BLVD, #209  
CORAL GABLES, FL 33134

**Current Mailing Address:**

1825 PONCE DE LEON BLVD, #209  
CORAL GABLES, FL 33134 US

**FEI Number:** 85-2138536

**Certificate of Status Desired:** Yes

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

MOREY, MARIBEL  
1825 PONCE DE LEON BLVD, #209  
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 DIRECTOR  
Name MOREY, MARIBEL  
Address 1825 PONCE DE LEON BLVD, #209  
City-State-Zip: CORAL GABLES FL 33134

Title CHAIRMAN  
Name SHENAZ, CAROLINE SHENAZ  
Address 4700 KEELE STREET, 7TH FL. ROSS  
S, ROOM 763  
City-State-Zip: TORONTO ONTARIO M3J1P3

Title VC  
Name YOUNG, ALDEN  
Address 1308 ROLFE HALL, P.O. BOX 957109  
City-State-Zip: LOS ANGELES CA 90095

Title TREASURER  
Name PARMAR, INDERJEET  
Address CITY, UNIVERSITY OF LONDON  
NORTHAMPTON SQUARE  
City-State-Zip: LONDON LONDON EC1V 0HB

Title SECRETARY  
Name LONG, YAN  
Address 410 BARROWS HALL  
City-State-Zip: BERKELEY CA 94720

Title DIRECTOR  
Name HAMMONDS, EVELYNN  
Address 1 OXFORD STREET  
City-State-Zip: CAMBRIDGE MA 02138

Title DIRECTOR  
Name RANA, AZIZ  
Address 106 MYRON TAYLOR HALL  
City-State-Zip: ITHACA NY 14853

Title DIRECTOR  
Name RIGUEUR, LEAH WRIGHT  
Address 79 JOHN F. KENNEDY STREET  
City-State-Zip: CAMBRIDGE MA 02138

*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: MARIBEL MOREY**

**DIRECTOR**

**04/25/2021**

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

\_\_\_\_\_  
Date