

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20000007618

**Entity Name:** FUNDACION BIENESTAR INTEGRAL INC

**Current Principal Place of Business:**

11009 LAKEWOOD POINTE DR  
201  
SEFFNER, FL 33584

**Current Mailing Address:**

11009 LAKEWOOD POINTE DR  
201  
SEFFNER, FL 33584 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

VARGAS, HERIBERTO  
11009 LAKEWOOD POINTE DR  
APT 201  
SEFFNER, FL 33584 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 P  
Name VARGAS, HERIBERTO  
Address 11009 LAKEWOOD POINTE DR APT  
201  
City-State-Zip: SEFFNER FL 33584

Title T  
Name MENA, BELLA R  
Address 11009 LAKEWOOD POINTE DR  
City-State-Zip: SEFFNER FL 33584

Title S  
Name RIOFRIO, GABRIELA S  
Address 11009 LAKEWOOD POINTE DR  
City-State-Zip: SEFFNER FL 33584

Title VP  
Name LLAMUCA, MAURO A  
Address 11009 LAKEWOOD POINTE DR  
City-State-Zip: SEFFNER FL 33584

Title VOCAL  
Name MENA, GLORIA R  
Address 11009 LAKEWOOD POINTE DR  
APT 201  
City-State-Zip: SEFFNER FL 33584

*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:** HERIBERTO VARGAS

**PRESIDENTE**

**01/28/2023**

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

\_\_\_\_\_  
Date