

2021 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	S
Name	MENA, SEGUNDO B
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

Title	T
Name	MENA, BELLA R
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

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**PRESIDENT****07/26/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date