

2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N20000010921

Entity Name: MIA'S MIRACLES FOUNDATION, INC.

Current Principal Place of Business:

401 OLD DIXIE HWY UNIT NUMBER 3961
TEQUESTA, FL 33469

Current Mailing Address:

401 OLD DIXIE HWY UNIT NUMBER 3961
TEQUESTA, FL 33469 US

FEI Number: 85-3538438

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REGISTERED AGENTS INC.
7901 4TH ST N.,
SUITE 12983
ST. PETERSBURG, FL 33702 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, VP	Title	DIRECTOR, PRESIDENT, CHAIRMAN
Name	CAMILO VILLEGAS	Name	MARIA OCHOA
Address	7901 4TH ST N., STE 300	Address	7901 4TH ST N., STE 300
City-State-Zip:	ST. PETERSBURG FL 33702	City-State-Zip:	ST. PETERSBURG FL 33702
Title	DIRECTOR, SECRETARY	Title	DIRECTOR
Name	CLARKE JONES	Name	JULIANA VELASQUEZ
Address	7901 4TH ST N., STE 300	Address	7901 4TH ST N., STE 300
City-State-Zip:	ST. PETERSBURG FL 33702	City-State-Zip:	ST. PETERSBURG FL 33702
Title	DIRECTOR, TREASURER	Title	EXECUTIVE DIRECTOR
Name	SPENCE SEAMAN	Name	LANCASTER, GENNA
Address	7901 4TH ST N., STE 300	Address	7901 4TH ST N., STE 300
City-State-Zip:	ST. PETERSBURG FL 33702	City-State-Zip:	ST. PETERSBURG FL 33702

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: MARIA OCHOA

DIRECTOR

05/24/2023

Electronic Signature of Signing Officer/Director Detail

Date