

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20000012268

Entity Name: MINAGORRI FAMILY FOUNDATION, CORP.**Current Principal Place of Business:**5255 COLLINS AVE
UNIT 115
MIAMI BEACH, FL 33140**Current Mailing Address:**5255 COLLINS AVE
UNIT 115
MIAMI BEACH, FL 33140 US**FEI Number: 86-1713742****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MANUEL MINAGORRI
5255 COLLINS AVE
UNIT 115
MIAMI BEACH, FL 33140 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 D
Name MANUEL MINAGORRI
Address 5255 COLLINS AVE
UNIT 115
City-State-Zip: MIAMI BEACH FL 33140Title D
Name YOLANDA G. MINAGORRI
Address 5255 COLLINS AVE.
UNIT 115
City-State-Zip: MIAMI BEACH FL 33140Title D
Name MICHELLE MINAGORRI
Address 5255 COLLINS AVE
UNIT 115
City-State-Zip: MIAMI BEACH FL 33140Title D
Name MARIANNE MINAGORRI
Address 5255 COLLINS AVE
UNIT 115
City-State-Zip: MIAMI BEACH FL 33140Title D
Name MONICA MINAGORRI
Address 5255 COLLINS AVE
UNIT 115
City-State-Zip: MIAMI BEACH FL 33140

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: MANUEL MINAGORRI**PRESIDENT****03/30/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date