

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

DOCUMENT# N20000013015

**Entity Name:** THE ANTONIO TSIALAS LEADERSHIP FOUNDATION, INC.

**FILED**  
**Apr 17, 2023**  
**Secretary of State**  
**9348883729CC**

**Current Principal Place of Business:**

6815 BISCAYNE BLVD  
SUITE 103-480  
MIAMI, FL 33138

**Current Mailing Address:**

6815 BISCAYNE BLVD  
SUITE 103-480  
MIAMI, FL 33138

**FEI Number: 85-4121022**

**Certificate of Status Desired: Yes**

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

TOMASELLO, FLAVIA  
6815 BISCAYNE BLVD  
SUITE 103-480  
MIAMI, FL 33138 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 TOMASELLO, FLAVIA  
Address 6815 BISCAYNE BLVD SUITE 103-480  
City-State-Zip: MIAMI FL 33138

Title D  
Name TSIALAS, JOHN  
Address 6815 BISCAYNE BLVD SUITE 103-480  
City-State-Zip: MIAMI FL 33138

Title D  
Name MAGGI, FLORENCIA  
Address 6815 BISCAYNE BLVD SUITE 103-480  
City-State-Zip: MIAMI FL 33138

Title D  
Name STRAUSS-DIAZ, MARILYN  
Address 6815 BISCAYNE BLVD SUITE 103-480  
City-State-Zip: MIAMI FL 33138

Title D  
Name PENA, CHRISTINA  
Address 6815 BISCAYNE BLVD SUITE 103-480  
City-State-Zip: MIAMI FL 33138

*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: JOHN TSIALAS**

**DIRECTOR**

**04/17/2023**

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

\_\_\_\_\_  
Date