

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21000001872

**Entity Name:** NATIONAL PILATES CERTIFICATION PROGRAM, INC.

**Current Principal Place of Business:**

5341 NE 3RD TERRACE  
FORT LAUDERDALE, FL 33334

**Current Mailing Address:**

PO BOX 601564  
MIAMI, FL 33160 US

**FEI Number: 86-2202010**

**Certificate of Status Desired: No**

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

ALTON, RICARD A.C. ESQ  
8100 OAK LANE  
SUITE 403  
MIAMI LAKES, FL 33016 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 INFANTE, RAIMUNDO  
Address PO BOX 601564  
City-State-Zip: MIAMI FL 33160

Title D  
Name SABIN, KYRIA  
Address PO BOX 601564  
City-State-Zip: MIAMI FL 33160

Title D  
Name STAPLES, KARYN  
Address PO BOX 601564  
City-State-Zip: MIAMI FL 33160

*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: RAIMUNDO INFANTE**

**D**

**01/31/2022**

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

\_\_\_\_\_  
Date