## 2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N2100002260

Entity Name: UNITED TENNIS AID INC.

### **Current Principal Place of Business:**

11271 NW 61 ST DORAL, FL 33178

## **Current Mailing Address:**

11271 NW 61 ST DORAL, FL 33178 US

# FEI Number: 87-3636852

### Name and Address of Current Registered Agent:

GUENDSECHADZE, NATALIA 11271 NW 61 ST DORAL, FL 33178 US

Date

Certificate of Status Desired: Yes

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

# Officer/Director Detail :

| Title           | Ρ                      | Title           | DIR                    |
|-----------------|------------------------|-----------------|------------------------|
| Name            | GIORDANO, NICOLE       | Name            | GUENDSECHADZE, NATALIA |
| Address         | 11271 NW 61 ST         | Address         | 11271 NW 61 ST         |
| City-State-Zip: | DORAL FL 33178         | City-State-Zip: | DORAL FL 33178         |
| Title           | DIR                    | Title           | DIR                    |
| Name            | GIORDANO, CHRISTINA    | Name            | GIORDANO, ISABELLA     |
| Address         | 11271 NW 61 ST         | Address         | 11271 NW 61 ST         |
| City-State-Zip: | DORAL FL 33178         | City-State-Zip: | DORAL FL 33178         |
| Title           | DIR                    | Title           | DIR                    |
| Name            | GUENDSECHADZE, NICOLAS | Name            | RODRIGUEZ, NORA        |
| Address         | 11271 NW 61 ST         | Address         | 10860 NW 52 ST         |
| City-State-Zip: | DORAL FL 33178         | City-State-Zip: | DORAL FL 33178         |
|                 |                        |                 |                        |

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: NATALIA GUENDSECHADZE |
|----------------------------------|
|----------------------------------|

AGENT

Electronic Signature of Signing Officer/Director Detail

Date