

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

DOCUMENT# N21000002260

**Entity Name:** UNITED TENNIS AID INC.

**Current Principal Place of Business:**

11271 NW 61 ST  
DORAL, FL 33178

**FILED**  
**Feb 02, 2022**  
**Secretary of State**  
**3118244431CC**

**Current Mailing Address:**

11271 NW 61 ST  
DORAL, FL 33178 US

**FEI Number: 87-3636852**

**Certificate of Status Desired: Yes**

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

GUENDSECHADZE, NATALIA  
11271 NW 61 ST  
DORAL, FL 33178 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 P  
Name GIORDANO, NICOLE  
Address 11271 NW 61 ST  
City-State-Zip: DORAL FL 33178

Title DIR  
Name GUENDSECHADZE, NATALIA  
Address 11271 NW 61 ST  
City-State-Zip: DORAL FL 33178

Title DIR  
Name GIORDANO, CHRISTINA  
Address 11271 NW 61 ST  
City-State-Zip: DORAL FL 33178

Title DIR  
Name GIORDANO, ISABELLA  
Address 11271 NW 61 ST  
City-State-Zip: DORAL FL 33178

Title DIR  
Name GUENDSECHADZE, NICOLAS  
Address 11271 NW 61 ST  
City-State-Zip: DORAL FL 33178

Title DIR  
Name RODRIGUEZ, NORA  
Address 10860 NW 52 ST  
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**

**02/02/2022**

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

\_\_\_\_\_  
Date