

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21000005013

**Entity Name:** SENSORY INTEGRATION WITHOUT BARRIERS INC.

**Current Principal Place of Business:**

13190 SOUTHWEST 134TH STREET UNIT 206  
MIAMI, FL 33186

**Current Mailing Address:**

13190 SOUTHWEST 134TH STREET UNIT 206  
MIAMI, FL 33186

**FEI Number: 86-3509971**

**Certificate of Status Desired: No**

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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            PDT  
Name            LORIE, DIANA R  
Address        13190 SOUTHWEST 134TH STREET  
                  UNIT 206  
City-State-Zip: MIAMI FL 33186

Title            VPSD  
Name            MORUA-DELGADO, YAITE  
Address        13190 SOUTHWEST 134TH STREET  
                  UNIT 206  
City-State-Zip: MIAMI FL 33186

Title            D  
Name            CARDESO, ALEJANDRA  
Address        13190 SOUTHWEST 134TH STREET  
                  UNIT 206  
City-State-Zip: MIAMI FL 33186

*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: LORIE, DIANA R**

**PDT**

**05/01/2024**

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

\_\_\_\_\_  
Date