

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

DOCUMENT# N21000005862

**Entity Name:** AMIGOS OF OUR PARKS, INC

**Current Principal Place of Business:**

12550 BISCAYNE BLVD., STE 800  
NORTH MIAMI, FL 33181

**Current Mailing Address:**

12550 BISCAYNE BLVD., STE 800  
NORTH MIAMI, FL 33181 US

**FEI Number:** 87-3137680

**Certificate of Status Desired:** No

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

TREJO PEREIRA, CARLOS MANUEL  
12550 BISCAYNE BLVD., STE 800  
NORTH MIAMI, FL 33181 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            PTSD  
Name            TREJO PEREIRA, CARLOS  
Address        12550 BISCAYNE BLVD., STE 800  
City-State-Zip: NORTH MIAMI FL 33181

Title            D  
Name            ALONZO, ROSMERY  
Address        12550 BISCAYNE BLVD., STE 800  
City-State-Zip: NORTH MIAMI FL 33181

Title            D  
Name            ZEPEDA, GALDYS  
Address        12550 BISCAYNE BLVD., STE 800  
City-State-Zip: NORTH MIAMI FL 33181

Title            D  
Name            ROBERTO DIAZ, JOSE  
Address        12550 BISCAYNE BLVD., STE 800  
City-State-Zip: NORTH MIAMI FL 33181

Title            D  
Name            VINDEL, ALAN  
Address        12550 BISCAYNE BLVD., STE 800  
City-State-Zip: NORTH MIAMI FL 33181

Title            D  
Name            OLIVA, NELSON  
Address        12550 BISCAYNE BLVD., STE 800  
City-State-Zip: NORTH MIAMI FL 33181

*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:** CARLOS MANUEL TREJO PEREIRA

PTSD

02/16/2023

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

\_\_\_\_\_  
Date