

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

DOCUMENT# N22000006469

**Entity Name:** THE SANTA CLARA GIRLS INSTITUTE INC.

**Current Principal Place of Business:**

1430 SOUTH DIXIE HIGHWAY SUITE 321  
CORAL GABLES, FL 33146

**Current Mailing Address:**

1430 SOUTH DIXIE HIGHWAY SUITE 321  
CORAL GABLES, FL 33146 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

MICHAEL ORTIZ, P.A.  
1430 SOUTH DIXIE HIGHWAY SUITE 321  
CORAL GABLES, FL 33146 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 DP  
Name BATISTA, ASHLEY P  
Address C/O 1430 SOUTH DIXIE HIGHWAY STE  
321  
City-State-Zip: CORAL GABLES FL 33146

Title DT  
Name GRANADA RESTREPO, MANUELA  
Address C/O 1430 SOUTH DIXIE HIGHWAY STE  
321  
City-State-Zip: CORAL GABLES FL 33146

Title DS  
Name VARGAS HERNANDEZ, JULIO CESAR  
Address C/O 1430 SOUTH DIXIE HIGHWAY STE  
321  
City-State-Zip: CORAL GABLES FL 33146

*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:** ASHLEY P. BATISTA

D P

05/01/2023

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

\_\_\_\_\_ Date