

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

DOCUMENT# N23000013918

**Entity Name:** THE SAADE FOUNDATION, INC.

**Current Principal Place of Business:**

255 ALHAMBRA CIRCLE, SUITE 320  
CORAL GABLES, FL 33134

**Current Mailing Address:**

255 ALHAMBRA CIRCLE, SUITE 320  
CORAL GABLES, FL 33134

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

THE SAADE LAW FIRM, P.A.  
255 ALHAMBRA CIRCLE, SUITE 320  
CORAL GABLES, FL 33134 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 DPTS  
Name SAADE, GABRIEL S  
Address 255 ALHAMBRA CIRCLE, SUITE 320  
City-State-Zip: CORAL GABLES FL 33134

Title VP  
Name SAADE, GABRIEL S  
Address 255 ALHAMBRA CIRCLE, SUITE 320  
City-State-Zip: CORAL GABLES FL 33134

Title D  
Name MACHADO SAADE, KRYSTINA  
Address 255 ALHAMBRA CIRCLE, SUITE 320  
City-State-Zip: CORAL GABLES FL 33134

Title D  
Name SAADE, CARLOS  
Address 255 ALHAMBRA CIRCLE, SUITE 320  
City-State-Zip: CORAL GABLES FL 33134

*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:** GABRIEL S. SAADE

MNG

03/05/2024

Electronic Signature of Signing Officer/Director Detail

Date