

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32190

Entity Name: FOSTER CARE REVIEW, INC.**Current Principal Place of Business:**155 NW 3RD STREET
SUITE 4338
MIAMI, FL 33128**Current Mailing Address:**155 NW 3RD ST.
SUITE 4338
MIAMI, FL 33128 US**FEI Number:** 65-0118944**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MAZE, CANDICE L
155 NW 3RD STREET
SUITE 4338
MIAMI, FL 33128 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:** CANDICE L MAZE

01/31/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title EXECUTIVE DIRECTOR

Name MAZE, CANDICE L

Address 155 NW 3RD STREET
SUITE 4338

City-State-Zip: MIAMI FL 33128

Title PRESIDENT

Name WEBER, MICHELLE

Address 1450 BRICKELL AVE
23RD FLOOR

City-State-Zip: MIAMI FL 33131

Title TREASURER

Name HUTCHINS, CHRISTOPHER

Address 8520 SW 86TH COURT

City-State-Zip: MIAMI FL 33143

Title VP

Name SANTINI, SEAN

Address 1001 BRICKELL BAY DRIVE
SUITE 2650

City-State-Zip: MIAMI FL 33131

Title SECRETARY

Name NUNES, IESHA

Address 200 S BISCAYNE BLVD
SUITE 4900

City-State-Zip: MIAMI FL 33131

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: CANDICE L. MAZE

EXECUTIVE DIRECTOR

01/31/2022

Electronic Signature of Signing Officer/Director Detail

Date