I hereby certify that the information indicated on this report or supplemental report is true oath; that I am an officer or director of the corporation or the receiver or trustee empowere above, or on an attachment with all other like empowered.		
SIGNATURE: EMILIO MIYARES	PD	04/24/2024

#### SIGNATURE: EMILIO MIYARES

Electronic Signature of Signing Officer/Director Detail

Electronic Signature of Registered Agent

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.

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Officer/Dire	ctor Detail :		
Title	TF	Title	VSD
Name	MIYARES, LEONARDO	Name	MIYARES, TERESA
Address	14030 SW 38 ST	Address	260 W 57 ST
City-State-Zip:	MIAMI FL	City-State-Zip:	HIALEAH FL
Title	PD		
Name	MIYARES, EMILIO		
Address	2431 SW 21 TERRACE		
City-State-Zip:	MIAMI FL 33145		

### Name and Address of Current Registered Agent:

MIYARES, EMILIO J 130 MADEIRA AVENUE CORAL GABLES, FL 33134 US

SIGNATURE:

**Current Principal Place of Business:** 

**130 MADEIRA AVENUE** CORAL GABLES, FL 33134

DOCUMENT# N41756

### **Current Mailing Address:**

**130 MADEIRA AVENUE** CORAL GABLES. FL 33134 US

# FEI Number: 65-0234668

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT
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Entity Name: EMILIO MIYARES POLICE MEMORIAL FOUNDATION INC.

## FILED Apr 24, 2024 Secretary of State 8681822253CC

Certificate of Status Desired: No

Date

Date