

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004255

Entity Name: BUSINESS IMPROVEMENT DISTRICT OF CORAL GABLES, INC.**FILED**
Mar 05, 2019
Secretary of State
1333190105CC**Current Principal Place of Business:**220 MIRACLE MILE, STE. 234
CORAL GABLES, FL 33134**Current Mailing Address:**220 MIRACLE MILE, STE. 234
CORAL GABLES, FL 33134**FEI Number:** 65-0782529**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**AMADOR, TACIANA
220 MIRACLE MILE, STE. 234
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:** TACIANA AMADOR

03/05/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	TORRE, VENNY
Address	208 ANDALUSIA AVE
City-State-Zip:	CORAL GABLES FL 33134

Title	TREASURER
Name	DEWALD, CRAIG
Address	70 MIRACLE MILE
City-State-Zip:	CORAL GABLES FL 33134

Title	VP
Name	TRIA, BARBARA
Address	2631 PONCE DE LEON BLVD
City-State-Zip:	CORAL GABLES FL 33134

Title	DIRECTOR
Name	HORNIK, JILLIAN
Address	237 MIRACLE MILE
City-State-Zip:	CORAL GABLES FL 33134

Title	DIRECTOR
Name	AMADOR, TACIANA
Address	220 MIRACLE MILE, STE. 234
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: TACIANA AMADOR**EXECUTIVE DIRECTOR**

03/05/2019

Electronic Signature of Signing Officer/Director Detail

Date