

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003301

Entity Name: CONSEJO DE MINISTROS DEL CONDADO DE BROWARD
(COMIB) INC**Current Principal Place of Business:**5790 FOX HOLLOW DR APT A
BOCA RATON, FL 33486**Current Mailing Address:**5790 FOX HOLLOW DR APT A
BOCA RATON, FL 33486 US**FEI Number: 65-0810410****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**VILLAMIZAR, RUTH H
5790 FOX HOLLOW DR APT A
BOCA RATON, FL 33486 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: RUTH H VILLAMIZAR****07/17/2018**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name VILLAMIZAR, RUTH
Address 5790 FOX HOLLOW DR APT A
City-State-Zip: BOCA RATON FL 33486

Title TREASURER
Name GIUSTI, JORGE
Address 633 N CRESENT DR
City-State-Zip: HOLLYWOOD FL 33021

Title VP
Name VALENZA, BRUNO
Address 2901 NW 126TH AVE
 APT 2-323
City-State-Zip: SUNRISE FL 33323

Title SECRETARY
Name QUINTERO, GILDA
Address 103003 ROYAL PALM BLVD
City-State-Zip: CORAL SPRINGS FL 33065

Title OFFICER
Name VALENZA, INGRID
Address 2901 NW 126TH AVE
City-State-Zip: WESTON FL

Title OFFICER
Name COLORADO, AUGUSTO
Address 103003 ROYAL PALM BLVD
City-State-Zip: CORAL SPRINGS FL

Title OFFICER
Name RAMIREZ, SOHE
Address 6001 NW 153 SUITE 156
City-State-Zip: MIAMI LAKES FL

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: RUTH VILLAMIZAR**PRESIDENT****07/17/2018**

Electronic Signature of Signing Officer/Director Detail

Date