#### 2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006592

Entity Name: FUNDACION MANOS DEL SUR, INC.

FILED
Mar 10, 2022
Secretary of State
6337071451CC

#### **Current Principal Place of Business:**

1390 S. DIXIE HWY. SUITE 1106

**SUITE 1106** 

CORAL GABLES, FL 33146

### **Current Mailing Address:**

1390 S. DIXIE HWY. SUITE 1106

**SUITE 1106** 

CORAL GABLES, FL 33146 US

FEI Number: 65-0959520 Certificate of Status Desired: No

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

PIEDRA & CO 9100 SOUTH DADELAND BLVD. DATRAN ONE SUITE 912

MIAMI, FL 33156 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 TREASURER Title PRESIDENT

Name BATLLE, CLAUDIA Name BATLLE, MARIA PAULINA

Address 1390 S DIXIE HWY Address 1390 S DIXIE HWY.

SUITE 1106 SUITE 1106

City-State-Zip: CORAL GABLES FL 33146 City-State-Zip: CORAL GABLES FL 33146

Title D Title D

Name STAMBOULIAN, ROXANA Name VICTORIA, MARCOS GUILLERMO

Address 1390 S DIXIE HWY Address 1390 S DIXIE HWY

SUITE 1106 SUITE 1106

City-State-Zip: CORAL GABLES FL 33146 City-State-Zip: CORAL GABLES FL 33146

Title DIRECTOR Title DIRECTOR

Name CIANO, PABLO Name VARGAS, ANDREA

Address 1390 S DIXIE HWY Address 1390 S DIXIE HWY SUITE 1106 SUITE 1106

City-State-Zip: CORAL GABLES FL 33146 City-State-Zip: CORAL GABLES FL 33146

TitleDIRECTORTitleDIRECTORNameMAS, MARTINNameCIVIDINI, JAVIER

Address 1390 S DIXIE HWY Address 1390 S DIXIE HWY

SUITE 1106 SUITE 1106

City-State-Zip: CRAL GABLES FL 33146 City-State-Zip: CORAL GABLES FL 33146

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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: MARIA PAULINA BATLLE PRESIDENT 03/10/2022

# Officer/Director Detail Continued:

Title DIRECTOR

TORRES GARCIA, MARIANO Name

1390 S DIXIE HWY SUITE 1106 Address

City-State-Zip: CORAL GABLES FL 33146