

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000095069

**Entity Name:** BAMBINI MONTESSORI ACADEMY INC

**Current Principal Place of Business:**

5403 SPRING RUN AVE  
ORLANDO, FL 32819

**Current Mailing Address:**

5403 SPRING RUN AVE  
ORLANDO, FL 32819 US

**FEI Number: 27-4012317**

**Certificate of Status Desired: No**

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

DIAZ, DEBRA L  
5403 SPRING RUN AVE  
ORLANDO, FL 32819 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 P  
Name DIAZ, DEBRA LEE  
Address 5403 SPRING RUN AVENUE  
City-State-Zip: ORLANDO FL 32819

Title VP  
Name SANTIAGO, ARIER  
Address 4251 NW 112 COURT  
City-State-Zip: DORAL FL 32178

Title OFFICER  
Name VELAZQUEZ , BETZAIDA EMILIE  
Address 103 TOMOKA TRAIL  
City-State-Zip: LONGWOOD FL 32779

Title OFFICER  
Name VELAZQUEZ, NATALIE  
Address 103 TOMOKA TRAIL  
City-State-Zip: LONGWOOD FL 32779

Title OFFICER  
Name DIAZ, JOSHUA  
Address 5403 SPRING RUN AVENUE  
City-State-Zip: ORLANDO FL 32819

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: DEBRA DIAZ**

**P**

**02/08/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date