

**2020 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F15000001184

**Entity Name:** CENTRO GERONTOLOGICO LATINO, INC.

**Current Principal Place of Business:**

576 FIFTH AVENUE, SUITE 903  
NEW YORK, NY 10036

**FILED**  
**Feb 01, 2020**  
**Secretary of State**  
**0448538073CC**

**Current Mailing Address:**

PO BOX 800842  
MIAMI, FL 33280

**FEI Number: 13-3631719**

**Certificate of Status Desired: No**

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

TAPIA, MARIO E  
2750 NE 183RD STREET  
APT. 305  
AVENTURA, FL 33160 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 C/P  
Name COLON, DORIS  
Address 930 THIERIOT AVE., APT. 7-A  
City-State-Zip: BRONX NY 10473

Title VC  
Name SANCHEZ, CARMEN D  
Address PO BOX 22039  
City-State-Zip: RIO PIEDRAS OC 22039

Title D  
Name PI ROMAN, RAFAEL  
Address 450 WEST 33RD STREET  
City-State-Zip: NEW YORK NY 10001

Title D  
Name FUENTES, JEAN C  
Address 205 EAST 67TH STREET  
City-State-Zip: NEW YORK NY 10065

Title S  
Name MATOS, CARRIE  
Address 2 WOODRIDGE LANE  
City-State-Zip: NEW FAIRFIELD CT 06812

Title T  
Name ROSELL, ADRIENE  
Address 25 BUCKINGHAM ROAD  
City-State-Zip: BRICK NJ 08723

*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: DORIS COLON**

**CHAIRPERSON**

**02/01/2020**

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

\_\_\_\_\_  
Date