

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 700021

**Entity Name:** MIAMI MONTHLY MEETING OF FRIENDS, INCORPORATED

**Current Principal Place of Business:**

4900 S W 118 AVE  
MIAMI, FL 33175

**Current Mailing Address:**

630 E 32 STREET  
HIALEAH, FL 33013 US

**FEI Number: 51-0656484**

**Certificate of Status Desired: No**

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

TAMAYO, WALTER E  
13250 SW 7TH CT  
APT L-312  
PEMBROKE PINES, FL 33027 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:** WALTER E. TAMAYO

03/17/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            OSUNA, REBECA  
Address        630 E. 32 STREET  
City-State-Zip: HIALEAH FL 33013

Title            TREASURER  
Name            MAGARINO, TOMAS  
Address        7745 SW 86 STREET  
                  APT D123  
City-State-Zip: MIAMI FL 33143

Title            SECRETARY  
Name            LUIS, MIREYA  
Address        7490 SW 152 AVE  
                  APT 111  
City-State-Zip: MIAMI FL 33193

Title            DIRECTOR  
Name            GOMEZ, SANDRA  
Address        2910 SW 76 ASVE  
City-State-Zip: MIAMI FL 33155

Title            DIRECTOR  
Name            TAMAYO, WALTER E  
Address        13250 SW 7TH CT  
                  APT L-312  
City-State-Zip: PEMBROKE PINES FL 33027

Title            DIRECTOR  
Name            CUE, GUILLERMO  
Address        1350 W 30 STREET  
City-State-Zip: MIAMI FL 33012

Title            VICEPRESIDENT  
Name            ALEXIS, BATISTA  
Address        5754 CORAL WAY  
City-State-Zip: MIAMI FL 33155

*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:** WALTER E. TAMAYO

**DIRECTOR/REGISTERED  
AGENT**

03/17/2015

Electronic Signature of Signing Officer/Director Detail

Date