

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

DOCUMENT# 723679

**Entity Name:** MIAMI-DADE COUNTY LEAGUE OF CITIES, INC.

**FILED**  
**Jan 07, 2015**  
**Secretary of State**  
**CC2868653286**

**Current Principal Place of Business:**

226 EAST FLAGLER STREET  
# 200  
MIAMI, FL 33131

**Current Mailing Address:**

226 EAST FLAGLER STREET  
# 200  
MIAMI, FL 33131

**FEI Number: 65-0240302**

**Certificate of Status Desired: No**

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

KUPER, RICHARD ESQ  
226 EAST FLAGLER STREET  
# 200  
MIAMI, FL 33131 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            PRESIDENT  
Name            BURGESS, JON  
Address        790 N. HOMESTEAD BOULEVARD  
City-State-Zip: HOMESTEAD FL 33030

Title            VP-1  
Name            SUAREZ, FRANCIS  
Address        3500 PAN AMERICAN DRIVE  
City-State-Zip: MIAMI FL 33133

Title            VP-2  
Name            GILBERT, OLIVER  
Address        18605 NW 27TH AVENUE  
City-State-Zip: MIAMI GARDENS FL 33056

Title            VP-3  
Name            LEONARD, JORDAN W  
Address        9665 BAY HARBOR TERRACE  
City-State-Zip: BAY HARBOR ISLANDS FL 33154

Title            SECRETARY  
Name            VALLEJO, GEORGE  
Address        17011 NE 19TH AVENUE  
City-State-Zip: NORTH MIAMI BEACH FL 33162

Title            TREASURER  
Name            CUBILLOS, CLAUDIA  
Address        500 NE 87TH STREET  
City-State-Zip: EL PORTAL FL 33138

Title            IMMEDIATE PAST PRESIDENT  
Name            LERNER, CINDY  
Address        12645 PINECREST PARKWAY  
City-State-Zip: PINRECREST FL 33156

*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: JON BURGESS**

**PRESIDENT**

**01/07/2015**

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

\_\_\_\_\_  
Date