

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731206

Entity Name: AMIKIDS MIAMI-DADE, INC.**Current Principal Place of Business:**1820 ARTHUR LAMB JR. RD.
MIAMI, FL 33149**Current Mailing Address:**AMIKIDS, INC
5915 BENJAMIN CENTER DR
TAMPA, FL 33634**FEI Number:** 59-1561549**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**HULL, DAVID J
225 WATER STREET, STE. 1800
JACKSONVILLE, FL 32202 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	LAMBERT, LYNDALL
Address	701 BRICKELL AVENUE SUITE 3000
City-State-Zip:	MIAMI FL 33131

Title	D
Name	STANDER, O.B.
Address	5915 BENJAMIN CENTER DRIVE
City-State-Zip:	TAMPA FL 33634

Title	C
Name	ALVAREZ, JORGE CFP
Address	777 BRICKELL AVE. 2ND FLOOR
City-State-Zip:	MIAMI FL 33131

Title	DIRECTOR
Name	LEVELL, TERRANCE
Address	1820 ARTHUR LAMB JR. RD.
City-State-Zip:	MIAMI FL 33149

Title	T
Name	VALDIVIA, RICARDO
Address	1401 BRICKELL AVE SUITE 1400
City-State-Zip:	MIAMI FL 33131

Title	D
Name	DE ARMAS, LUIS
Address	1500 MIAMI CENTER 201 S. BISCAYNE BLVD.
City-State-Zip:	MIAMI FL 33131

Title	S
Name	LEE, COREY A
Address	1111 BRICKELL AVE. SUITE 2500
City-State-Zip:	MIAMI FL 33131

Title	DIRECTOR
Name	GARCIA, ENRIQUE
Address	2701 NE 151 STREET
City-State-Zip:	NORTH MIAMI BEACH FL 33160

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: O.B. STANDER**DIRECTOR****04/28/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date