2019 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 ONE INDEPENDENT DRIVE SUITE 3300 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:

City-State-Zip:

MIAMI FL 33149

Electronic Signature of Registered Agent

Date

FILED May 01, 2019

Secretary of State

6037317620CC

Officer/Director Detail:

Title D Title P

Name LAMBERT, LYNDALL Name LEE, COREY A

Address 701 BRICKELL AVENUE Address 1111 BRICKELL AVE. SUITE 2500

SUITE 3000 City-State-Zip: MIAMI FL 33131

City-State-Zip: MIAMI FL 33131

Title S

Name LEVELL, TERRANCE Name LOWACHEE, LAISE

Address 1820 ARTHUR LAMB JR. RD.

Address 1820 ARTHUR LAMB JR. RD.

City-State-Zip: MIAMI FL 33149

Title D

Title D Name GARCIA, ENRIQUE

Name CERUTI, LUIS Address 1820 ARTHUR LAMB JR. RD.

Address 1820 ARTHUR LAMB JR. RD.

City-State-Zip: MIAMI FL 33149

City-State-Zip: MIAMI FL 33149

Title C

Name THORNTON, MICHAEL
Name ALVAREZ, JORGE

Address 5915 BENJAMIN CENTER DRIVE

D

Address 1820 ARTHUR LAMB JR. RD. City-State-Zip: TAMPA FL 33634

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: MICHAEL THORNTON DIRECTOR 05/01/2019