## 2020 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**DOCUMENT# 743650** 

Entity Name: SER-JOBS FOR PROGRESS, INC.

**Current Principal Place of Business:** 

5600 NW 36 STREET

#561

MIAMI, FL 33166

**Current Mailing Address:** 

P.O. BOX 661597

MIAMI SPRINGS, FL 33266-1597 US

FEI Number: 59-1849595 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SER JOBS FOR PROGRESS, INC 5600 NW 36 STREET #561 MIAMI, FL 33166 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: SER JOBS FOR PROGRESS 10/09/2020

Electronic Signature of Registered Agent

Date

**FILED** 

Oct 09, 2020

Secretary of State 1633177004CC

Officer/Director Detail:

# 201

Title Title VC C

LLANO MONTES, DANIEL ROBERT, LACLE Name Name

Address 5940 SW 157 PL Address 1717 N BAYSHORE DRIVE

City-State-Zip: MIAMI FL 33132 City-State-Zip: MIAMI FL 33193

Title S Title M

LOPEZ, FELIX M Name BERUVIDES, MARCELO Name Address P.O. BOX 960085 Address 3121 SW 82 CT City-State-Zip: MIAMI FL 33296 City-State-Zip: MIAMI FL 33155

Title **MEMBER** Title **TREASURER** 

Name GODOY, EDUARDO Name VAZQUEZ, LUIS J 711 CAMILO AVE Address Address 19456 SW 78 CT

City-State-Zip: CORAL GABLES FL 33134-7007 City-State-Zip: MIAMI FL 33157

Title **MEMBER** Title **MEMBER** 

Name ZUGASTI, YOLANDA Name POTTS, BARBARA

1901 BRICKELL AVE Address Address 14400 NW 77 COURT

B1007

City-State-Zip: MIAMI FL 33129 MIAMI LAKES FL 33016 City-State-Zip:

Continues on page 2

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.

10/09/2020 SIGNATURE: MANUEL CORDOBA DIRECTOR

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title DIRECTOR

Name CORDOBA, MANUEL 5600 NW 36 STREET Address

#561

City-State-Zip: MIAMI FL 33166