

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 757006

**FILED**  
**Feb 13, 2024**  
**Secretary of State**  
**1840488731CC**

**Entity Name:** THE GREATER MIAMI SOCIETY FOR HUMAN RESOURCE MANAGEMENT, INC.

**Current Principal Place of Business:**

15757 PINES BLVD.,  
STE 221  
PEMBROKE PINES, FL 33027

**Current Mailing Address:**

15757 PINES BLVD.,  
STE 221  
PEMBROKE PINES, FL 33027 US

**FEI Number: 59-1725764**

**Certificate of Status Desired: No**

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

HARTMAN, DEBRA  
15757 PINES BLVD.,  
STE 221  
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: DEBRA HARTMAN**

**02/13/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PAST PRESIDENT  
Name GARCIA, ROBERT  
Address 15757 PINES BLVD.,  
STE 221  
City-State-Zip: PEMBROKE PINES FL 33027

Title SECRETARY  
Name ARAGONES, PAUL  
Address 15757 PINES BLVD.,  
STE 221  
City-State-Zip: PEMBROKE PINES FL 33027

Title TREASURER  
Name LOPEZ, JAVIEL  
Address 15757 PINES BLVD.,  
STE 221  
City-State-Zip: PEMBROKE PINES FL 33027

Title PRESIDENT-ELECT  
Name PARAMORE, MICHELE  
Address 15757 PINES BLVD., STE 221  
STE 221  
City-State-Zip: PEMBROKE PINES FL 33027

Title PRESIDENT  
Name DE CASTRO, ALLEN  
Address 15757 PINES BLVD., STE 221  
City-State-Zip: PEMBROKE PINES FL 33027

Title CHAPTER ADMINISTRATOR  
Name HARTMAN, DEBRA  
Address 15757 PINES BLVD., STE 221  
City-State-Zip: PEMBROKE PINES FL 33027

Title VP MEMBERSHIP  
Name ROSS, JONATHAN  
Address 15757 PINES BLVD., STE 221  
City-State-Zip: PEMBROKE PINES FL 33027

*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: DEBRA HARTMAN**

**CHAPTER  
ADMINISTRATOR**

**02/13/2024**

