#### 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.

ST/D

SIGNATURE: LESTER HARTSWICK

11780 SW 31 ST

MIAMI FL 33175

Electronic Signature of Signing Officer/Director Detail

**Officer/Director Detail :** Title ST/D Title VP HARTSWICK, LESTER P LEYTON-BELL, BIBIANA C Name Name 2475 BRICKELL AVE APT # 2504 Address 6424 SW 33RD ST Address

## SIGNATURE:

Address

City-State-Zip:

# **Current Principal Place of Business:**

2255 N.W. 10TH AVE MIAMI, FL 33127

#### **Current Mailing Address:**

2255 N.W. 10TH AVE MIAMI, FL 33127 US

#### FEI Number: 59-2088143

### Name and Address of Current Registered Agent:

MENENDEZ, LILLIAN CEO 1154 N.W. 183 TERR PEMBROKE PINES, FL 33029 US

Electronic Signature of Registered Agent City-State-Zip: MIAMI FL 33129 City-State-Zip: MIRAMAR FL 33023 Title PRESIDENT SANCHEZ, DAMARYS Name

Certificate of Status Desired: Yes

FILED Apr 22, 2020 Secretary of State 8448022223CC

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: PASSAGEWAY RESIDENCE OF DADE COUNTY, INC.

## **DOCUMENT# 757208**

04/22/2020 Date

Date

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.