### **2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT# 762700** 

Entity Name: NAMI MIAMI-DADE COUNTY, INC.

FILED
Jan 09, 2023
Secretary of State
3336797350CC

## **Current Principal Place of Business:**

299 ALHAMBRA CIRCLE SUITE 224 CORAL GABLES, FL 33134

# **Current Mailing Address:**

P.O. BOX 430230

SOUTH MIAMI. FL 33243 US

FEI Number: 59-2207150 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

RIVERO, MARIA C 299 ALHAMBRA CIRCLE SUITE 224 CORAL GABLES, FL 33134 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: MARIA C. RIVERO 01/09/2023

Electronic Signature of Registered Agent Date

#### Officer/Director Detail:

Title TREASURER Title VP

NameMONILLA, JORGENameKOSRAVI, SHAWNAddressP.O. BOX 430230AddressP.O. BOX 430230

City-State-Zip: SOUTH MIAMI FL 33243 City-State-Zip: SOUTH MIAMI FL 33243

TitleDIRECTORTitlePRESIDENTNameSHUSTACK, ANNANameRACHER, SUSANAddressP.O. BOX 430230AddressP.O. BOX 430230

City-State-Zip: SOUTH MIAMI FL 33243 City-State-Zip: SOUTH MIAMI FL 33243

Title DIRECTOR Title DIRECTOR

Name FRANKLIN, WILLIAM Name ROMERO-ARES, PATRICIA

Address P.O. BOX 430230 Address P.O. BOX 430230

City-State-Zip: SOUTH MIAMI FL 33243 City-State-Zip: SOUTH MIAMI FL 33243-0230

Title DIRECTOR Title DIRECTOR

Name RICHARDSON, WALTER T Name BUSSE-ARVESU, ANA TERI

Address P.O. BOX 430230 Address P.O. BOX 430230

City-State-Zip: SOUTH MIAMI FL 33243-0230 City-State-Zip: SOUTH MIAMI FL 33243

### 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.

SIGNATURE: MARIA C. RIVERO FINANCIAL OFFICER 01/09/2023

Electronic Signature of Signing Officer/Director Detail

Date

# Officer/Director Detail Continued:

Title DIRECTOR Title VP

NameMICHEL, DAPHNEYNameCALVO, PATRICKAddressP.O. BOX 430230AddressP.O. BOX 430230

City-State-Zip: SOUTH MIAMI FL 33243 City-State-Zip: SOUTH MIAMI FL 33243

Title DIRECTOR Title SECRETARY

NameHERNANDEZ, HECTORNameHOLTZMAN, SUSANAddressP.O. BOX 430230AddressP.O. BOX 430230

City-State-Zip: SOUTH MIAMI FL 33243 City-State-Zip: SOUTH MIAMI FL 33243

Title DIRECTOR Title DIRECTOR

NameANDREWS, KEVINNameCORDERO, YURIAddressP.O. BOX 430230AddressP.O. BOX 430230

City-State-Zip: SOUTH MIAMI FL 33243 City-State-Zip: SOUTH MIAMI FL 33243

Title DIRECTOR Title CFO

NameDURAND, DANTENameRIVERO, MARIAAddressP.O. BOX 430230AddressP.O. BOX 430230

City-State-Zip: SOUTH MIAMI FL 33243