

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762700

Entity Name: NAMI MIAMI-DADE COUNTY, INC.**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:** Yes**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

04/28/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name LARRAURI, CARLOS
Address P.O. BOX 430230
City-State-Zip: CORAL GABLES FL 33243

Title TREASURER
Name RIVERO, MARIA C
Address P.O. BOX 430230
City-State-Zip: MIAMI FL 33243

Title D
Name KOSRAVI, SHAWN
Address P.O. BOX 430230
City-State-Zip: SOUTH MIAMI FL 33243

Title D
Name GARRIDO, JUAN C
Address P.O. BOX 430230
City-State-Zip: SOUTH MIAMI FL 33243

Title D
Name SHUSTACK, ANNA
Address P.O. BOX 430230
City-State-Zip: SOUTH MIAMI FL 33243

Title PRESIDENT
Name RACHER, SUSAN
Address 10303 SW 72ND AVE
City-State-Zip: MIAMI FL 33156

Title DIRECTOR
Name ARENAS, JORGE
Address P.O. BOX 430230
City-State-Zip: MIAMI FL 33243

Title DIRECTOR
Name FRANKLIN, WILLIAM
Address P.O. BOX 430230
City-State-Zip: MIAMI FL 33243

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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

TREASURER

04/28/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name FOSTER, ADRIANA
Address P.O. BOX 430230
City-State-Zip: MIAMI FL 33243-0230

Title DIRECTOR
Name RICHARDSON, WALTER T
Address P.O. BOX 430230
City-State-Zip: MIAMI FL 33243-0230

Title DIRECTOR
Name ROMERO-ARES, PATRICIA
Address P.O. BOX 430230
City-State-Zip: MIAMI FL 33243-0230