

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006368

Entity Name: FUNDACION DE ENCUENTRO FAMILIAR, INC.**Current Principal Place of Business:**16479 SW 29 ST
MIRAMAR, FL 33027**Current Mailing Address:**16479 SW 29 ST
MIRAMAR, FL 33027 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PENA, ANA I
16479 SW 29 ST
MIRAMAR, 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	D
Name	PENA, ANA ISABEL
Address	16479 SW 29 ST
City-State-Zip:	MIRAMAR FL 33027

Title	D
Name	BARRIAL, MARIA I
Address	5757 COLLINS AVE #2007
City-State-Zip:	MIAMI BEACH FL 33140

Title	D
Name	GOMEZ , MARTHA
Address	17194 VENTANA DRIVE FL
City-State-Zip:	BOCA RATON FL 33487

Title	DIRECTOR
Name	GOMEZ, CLAUDIA P
Address	16479 SW 29 ST
City-State-Zip:	MIRAMAR FL 33027

Title	DIRECTOR
Name	GOMEZ, JEANET
Address	5757 COLLINS AVE 2007
City-State-Zip:	MIAMI BEACH FL 33140

Title	DIRECTOR
Name	RIVEROS, ANDRES
Address	16479 SW 29 ST
City-State-Zip:	MIRAMAR 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: ANA ISABEL PENA**DIRECTOR****05/13/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date