

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008287

Entity Name: FUNDACION REMANSO DE AMOR, INC**Current Principal Place of Business:**13025 NW 15 AVE
MIAMI, FL 33167**Current Mailing Address:**13025 NW 15 AVE
MIAMI, FL 33167**FEI Number:** 20-4265233**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**ABREU, HORTENSIA
13025 NW 15 AVENIDA
MIAMI, FL 33167 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	P
Name	ULFE, JULIA M
Address	10086 S.W. 143 PLACE
City-State-Zip:	MIAMI FL 33186

Title	T
Name	ULFE, MANUEL H
Address	10086 SW 143 PLACE
City-State-Zip:	MIAMI FL 33186

Title	V-TRES
Name	DURAN, JOSE R SR.
Address	10240 N.W. 17 ST.
City-State-Zip:	CORAL SPRINGS FL 33071

Title	V
Name	ABREU, HORTENCIA
Address	13025 N. W. 15 AVE
City-State-Zip:	MIAMI FL 33167

Title	S
Name	ARANGO, MARTHA
Address	2900 SW 62 AVENUE
City-State-Zip:	MIAMI FL 33155

Title	V-SECRETARY
Name	DURAN, ROSMARY C
Address	10240 N.W. 17 ST.
City-State-Zip:	CORAL SPRINGS FL 33071

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: MANUEL H. ULFE

T

01/31/2021

Electronic Signature of Signing Officer/Director Detail_____
Date