

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000000250

**Entity Name:** THE SOUTH FLORIDA CHAPTER OF THE ASSOCIATION OF  
CERTIFIED FRAUD EXAMINERS, INC.

**Current Principal Place of Business:**

1172 SOUTH DIXIE HIGHWAY, #365  
CORAL GABLES, FL 33146

**Current Mailing Address:**

1172 SOUTH DIXIE HIGHWAY, #365  
CORAL GABLES, FL 33146 US

**FEI Number: 55-0814183**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DUENAS, NICOLE E  
1172 SOUTH DIXIE HIGHWAY, #365  
CORAL GABLES, FL 33146 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:** NICOLE E. DUENAS

**04/01/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name MEDINA, DANIEL  
Address UNIVERSITY OF MIAMI, SCHOOL OF  
ACCOUNTING  
5250 UNIVERSITY DRIVE 308  
KOSAR/EPSTEIN FACULTY WING  
City-State-Zip: MIAMI FL 33146  
Title TREASURER  
Name DUENAS, NICOLE E CPA  
Address 1172 SOUTH DIXIE HIGHWAY, #365  
City-State-Zip: CORAL GABLES FL 33146

Title SECRETARY  
Name HANNA, PHYLESE  
Address 1172 SOUTH DIXIE HIGHWAY, #365  
City-State-Zip: CORAL GABLES FL 33146  
Title PRESIDENT  
Name LANDERA, NICHOLAS  
Address 1172 SOUTH DIXIE HIGHWAY, #365  
City-State-Zip: CORAL GABLES FL 33146

Title VP  
Name LEVENBERG, HAL  
Address 1172 SOUTH DIXIE HIGHWAY, #365  
City-State-Zip: CORAL GABLES FL 33146

*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:** NICOLE DUENAS

**TREASURER**

**04/01/2024**

Electronic Signature of Signing Officer/Director Detail

Date