

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004918

Entity Name: THE CUBAN AMERICAN CPA ASSOCIATION FOUNDATION, INC.**FILED**
Apr 02, 2024
Secretary of State
9601248675CC**Current Principal Place of Business:**355 ALHAMBRA CIRCLE
1100
CORAL GABLES, FL 33134**Current Mailing Address:**355 ALHAMBRA CIRCLE
1100
CORAL GABLES, FL 33134 US**FEI Number: 20-0694721****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**LOPEZ, MARCO
355 ALHAMBRA CIRCLE
1100
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: MARCO LOPEZ****04/02/2024**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** SECRETARY
Name MESA, JORGE
Address 355 ALHAMBRA CIRCLE
1100
City-State-Zip: MIAMI FL 33134**Title** EX PRESIDENT
Name PEREZ, GRETTEL
Address 255 ALHAMBRA CIRCLE
1100
City-State-Zip: MIAMI FL 33134**Title** DIRECTOR
Name LLERENA, ENRIQUE
Address 4649 PONCE DE LEON BOULEVARD
404
City-State-Zip: MIAMI FL 33146**Title** EX-OFFICIO
Name PEREZ, GRETTEL
Address 255 ALHAMBRA CIRCLE
1100
City-State-Zip: MIAMI FL 33134**Title** TREASURER
Name CANCELLIERI, LUCA
Address 255 ALHAMBRA CIR
5650
City-State-Zip: CORAL GABLES FL 33134**Title** DIRECTOR
Name LOPEZ, MARCO
Address 355 ALHAMBRA CIRCLE
1100
City-State-Zip: MIAMI FL 33134**Title** ASST. SECRETARY
Name RODRIGUEZ, JOEL
Address 201 S. BISCAYNE BOULEVARD
3000
City-State-Zip: MIAMI FL 33131

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: MARCO LOPEZ**P****04/02/2024**

Electronic Signature of Signing Officer/Director Detail

Date