

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004918

Entity Name: THE CUBAN AMERICAN CPA ASSOCIATION FOUNDATION, INC.**FILED**
May 25, 2023
Secretary of State
2811825594CC**Current Principal Place of Business:**255 ALHAMBRA CIRCLE
1100
CORAL GABLES, FL 33134**Current Mailing Address:**255 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
255 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****05/25/2023**

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	TREASURER
Name	CANCELLIERI, LUCA
Address	255 ALHAMBRA CIR 5650
City-State-Zip:	CORAL GABLES FL 33134

Title	EX PRESIDENT
Name	PEREZ, GRETTEL
Address	255 ALHAMBRA CIRCLE 1100
City-State-Zip:	MIAMI FL 33134

Title	DIRECTOR
Name	LOPEZ, MARCO
Address	355 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	ASST. SECRETARY
Name	RODRIGUEZ, JOEL
Address	201 S. BISCAYNE BOULEVARD 3000
City-State-Zip:	MIAMI FL 33131

Title	EX-OFFICIO
Name	PEREZ, GRETTEL
Address	255 ALHAMBRA CIRCLE 1100
City-State-Zip:	MIAMI FL 33134

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**PRESIDENT****05/25/2023**

Electronic Signature of Signing Officer/Director Detail

Date