

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006565

Entity Name: FIREWALL CENTERS, INC.**Current Principal Place of Business:**13044 SPRING LAKE DR
COOPER CITY, FL 33330**Current Mailing Address:**PO BOX 551407
DAVIE, FL 33355 US**FEI Number:** 06-1704451**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**FERNANDEZ, ANDRES
13044 SPRING LAKE DR
COOPER CITY, FL 33330 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 DIRECTOR
Name FERNANDEZ, ANDRES
Address 13044 SPRING LAKE DR.
City-State-Zip: COOPER CITY FL 33330

Title SECRETARY
Name LUNAK, THOMAS
Address 11100 NW 17TH COURT
City-State-Zip: PEMBROKE PINES FL 33026

Title VC
Name TEMPLIN, TODD
Address 1776 N. PINE ISLAND ROAD, SUITE 320
City-State-Zip: PLANTATION FL 33322

Title DIRECTOR
Name SMITH, SHANE
Address 515 EAST LAS OLAS BLVD 7TH FLOOR
City-State-Zip: FT. LAUDERDALE FL 33301

Title DIRECTOR
Name DAUDT, JOANNE
Address 840 NE 20TH AVE.
City-State-Zip: FORT LAUDERDALE FL 33304

Title PRESIDENT/CHAIRMAN
Name BRICKMAN, GUY
Address 12040 PICCADILLY PL
City-State-Zip: DAVIE FL 33325

Title TREASURER
Name MCKEE, AARON
Address 6000 NW 60TH CT.
City-State-Zip: PARKLAND FL 33067

Title DIRECTOR
Name LIMA, MALLARIE
Address 1500 WESTON RD STE 200
City-State-Zip: WESTON FL 33326

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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: ANDRES FERNANDEZ**CEO****03/18/2021**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name TAYLOR, ANITA FAIN
Address 2160 NORTHWEST 72 WAY
City-State-Zip: PEMBROKE PINES FL 33024

Title DIRECTOR
Name CALLANAN, BRIAN
Address 515 EAST LAS OLAS BLVD.
SUITE 800
City-State-Zip: FT LAUDERDALE FL 33301

Title DIRECTOR
Name TILL, FRANK
Address 1150 NW 120 AVE
City-State-Zip: PLANTATION FL 33323