

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005232

Entity Name: FUNDACION EDUCATIVA CARLOS M. CASTANEDA, INC.**Current Principal Place of Business:**1925 BRICKELL AVENUE
APT. D-1108
MIAMI, FL 33129**Current Mailing Address:**1925 BRICKELL AVENUE
APT. D-1108
MIAMI, FL 33129**FEI Number:** 20-1367155**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CASTANEDA, LILLIAN
1925 BRICKELL AVENUE
APT. D-1108
MIAMI, FL 33129 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	D
Name	LEAL, GLORIA
Address	1280 S. ALHAMBRA CIR., 1308
City-State-Zip:	CORAL GABLES FL 33149

Title	V
Name	CASTANEDA, AILEEN
Address	59 KINGS COURT APT. 903
City-State-Zip:	SAN JUAN 00911

Title	D
Name	CASTANEDA, EMILY
Address	2904 NORWICH DRIVE WEST
City-State-Zip:	BRADENTON FL 34205

Title	D
Name	URRUTIA, LUIS D
Address	25292 PUNTA MADRYN AVE.
City-State-Zip:	PUNTA GORDA FL 33983

Title	P
Name	CASTANEDA, LILLIAN
Address	1925 BRICKELL AVE. D-1108
City-State-Zip:	MIAMI FL 33129

Title	S
Name	CASTANEDA, TANYA
Address	3701 SOLANA ROAD
City-State-Zip:	MIAMI FL 33133

Title	DIRECTOR
Name	HERNANDEZ-ABREU, LUIS DR.
Address	9460 SW 6TH LANE
City-State-Zip:	MIAMI FL 33174

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: LILLIAN CASTANEDA**PRESIDENT****02/02/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date