

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000006497

**Entity Name:** ALMENAR OTERO FOUNDATION, INC.

**FILED**  
**Mar 13, 2021**  
**Secretary of State**  
**7398303490CC**

**Current Principal Place of Business:**

9554 NW 41ST STREET  
DORAL, FL 33178

**Current Mailing Address:**

9554 NW 41ST STREET  
DORAL, FL 33178 US

**FEI Number: 20-1450549**

**Certificate of Status Desired: No**

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

SALCEDO, MARITZA  
9554 NW 41ST STREET  
DORAL, FL 33178 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           PTS  
Name           SALCEDO, MARITZA  
Address       9554 NW 41ST STREET  
City-State-Zip: DORAL FL 33178

Title           VD  
Name           ALMENAR, JONATHAN  
Address       10560 NW 74TH STREET  
                  APT # 208  
City-State-Zip: DORAL FL 33178

Title           D  
Name           SIMAN, SUSAN  
Address       1750 NW 107TH AVE, EUROSUITE  
City-State-Zip: DORAL FL 33172

Title           SECRETARY  
Name           GONZALEZ, YEINY  
Address       10540 NW 74TH STREET  
                  APT # 207  
City-State-Zip: MEDLEY FL 33178

Title           DIRECTOR  
Name           BORIA, MARISELA  
Address       7102 NW 112TH CT  
City-State-Zip: DORAL FL 33178

Title           DIRECTOR  
Name           ALVAREZ, GLORIA  
Address       901 SW 128TH AVENUE  
                  APT 405  
City-State-Zip: PEMBROKE PINES FL 33027

Title           DIRECTOR  
Name           RODRIGUEZ, ELIZABETH  
Address       1901 BRICKELL AVENUE  
                  APT # B904  
City-State-Zip: MIAMI FL 33129

*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: MARITZA SALCEDO**

**PRESIDENT**

**03/13/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date