FEI Number: 20-3736887				Certificate of Status Desired		
Name ar	nd Address of C	urrent Registered Age	nt:			
10TH FLOO CORAL GA	E DE LEON BLVD. OR ABLES, FL 33134 L				h in the Otele of Florida	
i ne above n	named entity submits th	is statement for the purpose of cha	inging its registered office or i	registered agent, or boti	n, in the State of Florida.	
SIGNAT	URE:					
	Electronic S	ignature of Registered Agent				
Officer/E	Director Detail :					
Title	D, VP		Title	D, P, S		

Current Principal Place of Business: 6895 SW 112 STREET MIAMI, FL 33156

Current Mailing Address:

DOCUMENT# N05000011213

6895 SW 112 STREET MIAMI, FL 33156 US

----~~ ~~~~~~

FULLER, STEPHEN M.

5219 OAK LAKE DRIVE

DALLAS TX 75287

KATZ, MICHAEL D

901 PONCE DE LEON 10TH FLOOR

CORAL GABLES FL 33134

D

Name

Title

Name Address

Address

City-State-Zip:

City-State-Zip:

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.

Name

Address

City-State-Zip:

SIGNATURE: SANDRA FULLER

Electronic Signature of Signing Officer/Director Detail

status Desired: No

FULLER, SANDRA T

MIAMI FL 33156

6895 SW 112 STREET

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: VICTOR AND SANDRA FULLER FAMILY FOUNDATION, INC.

Date

04/23/2021 Date

FILED Apr 23, 2021 Secretary of State 9305909339CC

D