

2024 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N08884

Entity Name: MIAMI BRIDGE YOUTH AND FAMILY SERVICES, INC.**Current Principal Place of Business:**2810 NW SOUTH RIVER DR
MIAMI, FL 33125**Current Mailing Address:**2810 NW SOUTH RIVER DR
MIAMI, FL 33125 US**FEI Number:** 59-2569847**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SHARFMAN, DAVID
2810 NW SOUTH RIVER DR
MIAMI, FL 33125 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:** DAVID SHARFMAN

10/09/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name LOPEZ, MARCO
Address 355 ALHAMBRA CIRCLE, SUITE
 SUITE 1100
City-State-Zip: CORAL GABLES FL 33134

Title SECRETARY
Name SANCHEZ, MELANIE
Address 1221 BRICKELL AVE
 SUITE 1660
City-State-Zip: MIAMI FL 33131

Title PRESIDENT
Name LEZMAN, STEVE
Address 1001 13TH AVENUE EAST
City-State-Zip: BRADENTON FL 34208

Title DIRECTOR
Name LLAUDY, DAGMAR
Address 770 PONCE DE LEON BLVD
 SUITE 303
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR
Name ALVAREZ, MICHAEL
Address 9275 81ST STREET
City-State-Zip: MIAMI FL 33131

Title VP
Name KARRAM, ALFRED
Address 1801 NE 123RD STREET,
 SUITE 314
City-State-Zip: NORTH MIAMI FL 33181

Title VICE PRESIDENT
Name GIARDINA, TODD PHD
Address 356 ALHAMBRA CIRCLE
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR
Name CAMPBELL, DARREN
Address 100 S.E.2ND ST.
 SUITE 2000
City-State-Zip: MIAMI FL 33131

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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: DAVID SHARFMAN**CHIEF OPERATIONS
OFFICER**

10/09/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MURPHY, PATRICK
Address 5959 BLUE LAGOON DRIVE
SUITE 200
City-State-Zip: MIAMI FL 33126

Title DIRECTOR
Name CARROLL , MIKE
Address 3267A W. WATERS AVENUE
City-State-Zip: TAMPA FL 33614

Title C.O.O.
Name SHARFMAN, DAVID
Address 2810 NW SOUTH RIVER DR
City-State-Zip: MIAMI FL 33125

Title DIRECTOR
Name CORBIELLA, LORENZO
Address 14700 MAHOGANY CT
City-State-Zip: MIAMI LAKES FL 33014