

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000004736

Entity Name: KARIBAMERICA'S WELL-BEING FOUNDATION, INC.**Current Principal Place of Business:**1269 NE 163RD ST
T3
NORTH MIAMI BEACH, FL 33162**Current Mailing Address:**P.O BOX 600284
MIAMI , FL 33160 US**FEI Number: 27-0219187****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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	CEO
Name	REED, MARGARETH
Address	1269 NE 163RD ST T3
City-State-Zip:	NORTH MIAMI BEACH FL 33162

Title	EXECUTIVE SECRETARY, PUBLIC RELATIONS
Name	POLLAS, BENJAMIN S
Address	425 NE 191 ST
City-State-Zip:	MIAMI FL 33179

Title	CFO, TREASURER.
Name	GOLD, ANDREW H
Address	1269 NE 163 RD ST
City-State-Zip:	MIAMI FL 33162
Title	EVENT COORDINATOR
Name	REED, BRYAN T
Address	16400 W DIXIE HWY SUITE 600284
City-State-Zip:	MIAMI FL 33160

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: MARGARETH REED**CEO****04/28/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date