

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000005002

**Entity Name:** BARRY UNIVERSITY NURSING STUDENTS ASSOCIATION, INC.

**FILED**  
**May 02, 2023**  
**Secretary of State**  
**2367304916CC**

**Current Principal Place of Business:**

11300 NE 2ND AVE.  
SCHOOL OF NURSING  
MIAMI SHORES, FL 33161

**Current Mailing Address:**

11300 NE 2ND AVE.  
SCHOOL OF NURSING WIEGAND 133  
MIAMI SHORES, FL 33161 US

**FEI Number: 65-0942180**

**Certificate of Status Desired: Yes**

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

HERRERA, MARIA D  
SCHOOL OF NURSING  
11300 NE 2ND AVE WIEGAND 133  
MIAMI SHORES, FL 33161 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: MARIA D. HERRERA**

**05/02/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title EXECUTIVE SECRETARY  
Name HERRERA, MARIA  
Address 11300 NE 2ND AVE  
133 WIEGAND  
City-State-Zip: MIAMI SHORES FL 33161

Title TRUSTEE  
Name KOLOW, SARAH  
Address 11300 NE 2ND AVE.  
COLLEGE OF NURSING  
City-State-Zip: MIAMI SHORES FL 33161

Title TRUSTEE  
Name TOLEDO, YXIAM  
Address 11300 NE 2ND AVE.  
COLLEGE OF NURSING WIEGAND 133  
City-State-Zip: MIAMI SHORES FL 33161

*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: MARIA HERRERA**

**SECRETARY**

**05/02/2023**

Electronic Signature of Signing Officer/Director Detail

Date