

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000010141

Entity Name: RICARDO PUENTE FAMILY FOUNDATION, INC.**Current Principal Place of Business:**6130 SW108ST.
MIAMI, FL 33156**Current Mailing Address:**6130 SW 108ST
MIAMI, FL 33156 US**FEI Number:** 27-1181187**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SMITH, BUZZI & ASSOCIATES LLC
6130 SW 108ST
MIAMI, FL 33156 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	D
Name	PUENTE, RICARDO
Address	6130 SW 108 STREET
City-State-Zip:	PINECREST FL 33156

Title	D
Name	PUENTE, MARTHA E
Address	620 CAMILO AVE
City-State-Zip:	CORAL GABLES FL 33134

Title	D
Name	MURPHY, RAQUEL P
Address	450 SAN SERVANDO AVE
City-State-Zip:	CORAL GABLES FL 33143

Title	DIRECTOR
Name	PUENTE JR, RICARDO
Address	6130 SW 108ST
City-State-Zip:	MIAMI FL 33156

Title	DIRECTOR
Name	PAZ, LISA
Address	731 SANTURCE AVE
City-State-Zip:	CORAL GABLES FL 33143

Title	DIRECTOR
Name	PAZ, ARMANDO
Address	731 SANTURCE AVE
City-State-Zip:	CORAL GABLES FL 33143

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: RICARDO PUENTE**PRESIDENT****02/08/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date