

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

DOCUMENT# N11000007179

**Entity Name:** THE MIAMI BOARDING SCHOOL, INC.

**Current Principal Place of Business:**

1000 BRICKELL AVE SUITE 1020  
MIAMI, FL 33131

**Current Mailing Address:**

8004 NW 154 STREET  
BOX 389  
MIAMI LAKES, FL 33016 US

**FEI Number:** 45-3532587

**Certificate of Status Desired:** No

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

DAMIAN, MELANIE ESQ.  
DAMIAN & VALORI LLP  
1000 BRICKELL AVENUE 1020  
MIAMI, FL 33131 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:** MELANIE DAMIAN

03/01/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAIRMAN, DIRECTOR  
Name DAMIAN, MELANIE  
Address 1000 BRICKELL AVE SUITE 1020  
City-State-Zip: MIAMI FL 33131

Title DIRECTOR  
Name COPE, CAROL  
Address 218 GREEWAY DRIVE  
City-State-Zip: CORAL GABLES FL 33134

Title TREASURER, DIRECTOR  
Name CULMO, THOMAS  
Address 1000 BRICKELL AVE SUITE 1020  
City-State-Zip: MIAMI FL 33131

Title DIRECTOR  
Name EMMONS, VIRGINIA  
Address 1717 NORTH BAYSHORE DRIVE  
#203  
City-State-Zip: MIAMI FL 33131

Title DIRECTOR  
Name STUART, ISREALSON  
Address 20023 NE 39 PLACE  
City-State-Zip: AVENTURA FL 33180

Title DIRECTOR  
Name MEDINA, TERY  
Address 1401 EAST BROWARD BLVD  
#304  
City-State-Zip: FT LAUDERDALE FL 33301

Title DIRECTOR  
Name TERRELL, DOROTHY  
Address 400 ALTON ROAD  
#2503  
City-State-Zip: MIAMI BEACH FL 33139

Title DIRECTOR  
Name BLOCH, JASON  
Address 3501 W GLENCOE STREET  
City-State-Zip: MIAMI FL 33133

**Continues on page 2**

*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:** MELANIE DAMIAN

CHAIRMAN

03/01/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name GANON, PATRICK  
Address 2699 S. BAYSHORE DRIVE  
SUITE 500  
City-State-Zip: MIAMI FL 33133

Title DIRECTOR  
Name TUCKER, JOHN  
Address 71 PENNBAR COURT  
City-State-Zip: MAGNOLIA DE 19962

Title DIRECTOR  
Name SMITH, MARK  
Address 1200 CARTAGENA AVENUE  
City-State-Zip: CORAL GABLES FL 33156

Title DIRECTOR  
Name JOHNSON, ALISE  
Address 801 BRICKELL AVE  
SUITE 1950  
City-State-Zip: MIAMI FL 33131