## 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000002246

Entity Name: ACE MENTOR PROGRAM OF DADE COUNTY FLORIDA, INC.

FILED Apr 24, 2015 Secretary of State CC3110230160

Date

## **Current Principal Place of Business:**

6100 BLUE LAGOON DR SUITE 300 MIAMI. FL 33126

## **Current Mailing Address:**

6100 BLUE LAGOON DR SUITE 300 MIAMI, FL 33126 US

FEI Number: 46-2289568 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

LEON, ROBERTO 6100 BLUE LAGOON DR SUITE 300 MIAMI, FL 33126 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

Officer/Director Detail:

TitlePRESIDENTTitleSECRETARYNameLEON, ROBERTONameJIMENEZ, SARA

Address 6100 BLUE LAGOON DR SUITE 300 Address 800 DOUGLAS ENTRANCE

NORTH TOWER, 2ND FLOOR

City-State-Zip: MIAMI FL 33126

City-State-Zip: CORAL GABLES FL 33134

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.

Electronic Signature of Signing Officer/Director Detail

SIGNATURE: ROBERTO LEON

04/24/2015

**PRESIDENT** 

Date