

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000003242

Entity Name: PEDRO J. AND DINA E. ACEVEDO'S FOUNDATION, CORP.**Current Principal Place of Business:**5785 W 17 AVENUE
HIALEAH, FL 33012**Current Mailing Address:**P.O BOX 170838
HIALEAH, FL 33017**FEI Number:** 30-0836467**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CASTILLO, ESTHER
5785 W 17 AVENUE
HIALEAH, FL 33012 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 PRESIDENT/DIRECTOR
Name CASTILLO, ESTHER
Address 5785 W 17TH AVENUE
City-State-Zip: HIALEAH FL 33012

Title TREASURER/DIRECTOR
Name MORALES, MARIA DE JESUS
Address 334 NW 101 STREET
City-State-Zip: MIAMI FL 33150

Title VP EXECUTIVE SECRETARY
Name ROMERO, MARIANELA
Address 5785 W 17 AVENUE
City-State-Zip: HIALEAH FL 33012

Title VP ADULT BASIC EDUCATION, ESL
Name FERNANDEZ, NELSON SR.
Address 203 SW
 7TH TERRACE
City-State-Zip: HALLANDALE BEACH FL 33009

Title CFO
Name ARIAS, MARIA DEL PILAR
Address 5785 W 17 AVENUE
City-State-Zip: HIALEAH FL 33012

Title COO
Name CASTILLO, CESAR SEBASTIAN
Address 5785 W 17 AVENUE
City-State-Zip: HIALEAH FL 33012

Title DIRECTOR OF EVENTS
Name APONTE, RUBEN
Address 5785 W 17 AVENUE
City-State-Zip: HIALEAH FL 33012

Title OFFICER OF IT
Name AGUDELO, LUIS
Address 5785 W 17 AVENUE
City-State-Zip: HIALEAH FL 33012

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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: ESTHER CASTILLO

03/11/2021

Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title OFFICER OF HEALTH EDUCATION
Name ZACETA, REIVYS
Address 5785 W 17 AVENUE
City-State-Zip: HIALEAH FL 33012

Title OFFICER OF BUSINESS
 DEVELOPMENT
Name SORONDO, YOLANDA
Address 5785 W 17 AVENUE
City-State-Zip: HIALEAH FL 33012