

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000005640

**FILED**  
**Apr 28, 2022**  
**Secretary of State**  
**1600662542CC**

**Entity Name:** ALLIANCE FRANCAISE OF MIAMI METRO, INC.

**Current Principal Place of Business:**

C/O FREDERICK WOODBRIDGE JR. P.A.  
2655 S. LE JEUNE RD. STE 543  
CORAL GABLES, FL 33134

**Current Mailing Address:**

C/O FREDERICK WOODBRIDGE JR. P.A.  
2655 S. LE JEUNE RD. STE 543  
CORAL GABLES, FL 33134 US

**FEI Number:** 47-4216944

**Certificate of Status Desired:** No

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

WOODBIDGE, FREDERICK JR.  
2655 S. LE JEUNE RD.  
SUITE 543  
CORAL GABLES, FL 33134 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 CAPDEVIELLE, XAVIER  
Address 11113 BISCAYNE BLVD., PH 52  
City-State-Zip: MIAMI FL 33181

Title D, TREASURER  
Name SUREAU, OLIVIER  
Address 990 BISCAYNE BLVD.  
OFFICE 701  
City-State-Zip: MIAMI FL 33132

Title D, SECRETARY  
Name WOODBRIDGE, FREDERICK JR.  
Address 2655 S. LE JEUNE RD. STE 543  
City-State-Zip: CORAL GABLES FL 33134

Title D PRESIDENT  
Name BONA, PATRICIA  
Address 781 CRANDON BOULEVARD  
APT.801  
City-State-Zip: KEY BISCAYNE FL 33149

Title DIRECTOR, VP  
Name KELLEY, RUSSELL  
Address 100 ROYAL PALM WAY, 4E  
City-State-Zip: PALM BEACH FL 33480

Title DIRECTOR  
Name VALDES-FAULI, RAUL  
Address LAW OFFICES OF RAUL VALDES-  
FAULI  
355 ALHAMBRA CIRCLE SUITE 1205  
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR  
Name BAUWENS, VALERIE  
Address 4425 MONSERRATE STREET  
City-State-Zip: CORAL GABLES FL 33146

Title DIRECTOR  
Name LAUREDO, LUIS  
Address 201 CRANDON BLVD APT 936  
City-State-Zip: KEY BISCAYNE FL 33149

**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:** FREDERICK WOODBRIDGE

**SECRETARY**

**04/28/2022**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name MARKUS, ANDREW J.  
Address CARLTON FIELDS  
100 S.E. SECOND STREET SUITE 4200  
City-State-Zip: MIAMI FL 33131-2113

Title DIRECTOR  
Name DOBLE, KATHERINE M  
Address 1101 BRICKELL AVENUE  
SOUTH TOWER, EIGHTH FLOOR  
City-State-Zip: MIAMI FL 33131

Title DIRECTOR  
Name FUERTES, PAMELA  
Address 300 NE 2ND AVENUE  
SUITE 8514  
City-State-Zip: MIAMI FL 33132

Title DIRECTOR  
Name LEROUX, ISABELLE  
Address 6580 INDIAN CREEK DRIVE  
APT. 509  
City-State-Zip: MIAMI BEACH FL 33141