#### **2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000005640

Entity Name: ALLIANCE FRANCAISE OF MIAMI METRO, INC.

FILED
Jun 29, 2020
Secretary of State
6113382064CC

# **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:

WOODBRIDGE, 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	Title	D
riue	ט	Tille	U

Name BRION, JACQUES Name CAPDEVIELLE, XAVIER

Address 3222 AVIATION BLVD. Address 11111 BISCAYNE BLVD., APT. 655

City-State-Zip: VERO BEACH FL 32960 City-State-Zip: MIAMI FL 33181

Title D Title D

Name GREGORY, MIMI C Name SUREAU, OLIVIER

Address 4734 STRATFORD COURT, UNIT 1702 Address 990 BISCAYNE BLVD.

OFFICE 701

011102701

City-State-Zip: NAPLES FL 34105 City-State-Zip: MIAMI FL 33132

Title D Title D PRESIDENT

Name WOODBRIDGE, FREDERICK JR. Name BONA, PATRICIA

Address 2655 S. LE JEUNE RD. STE 543 Address 781 CRANDON BOULEVARD

APT. 801

City-State-Zip: CORAL GABLES FL 33134 City-State-Zip: KEY BISCAYNE FL 33149

Title DIRECTOR Title DIRECTOR

Name LEFEBVRE-BLACHET, SOPHIE Name KELLEY, RUSSELL

Address 888 BISCAYNE BLVD APT 4504 Address 100 ROYAL PALM WAY, 4E

City-State-Zip: NUANU FL 33132 City-State-Zip: PALM BEACH FL 33480

# 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: PATRICIA BONA PRESIDENT 06/29/2020

# Officer/Director Detail Continued:

Title **DIRECTOR** Title DIRECTOR

Name VALDES-FAULI, RAUL Name BAUWENS, VALERIE

Address LAW OFFICES OF RAUL VALDES-FAULI Address 4425 MONSERRATE STREET 355 ALHAMBRA CIRCLE SUITE 1205

City-State-Zip: CORAL GABLES FL 33146 CORAL GABLES FL 33134 City-State-Zip:

Title DIRECTOR

Title DIRECTOR MARKUS, ANDREW J. Name

LAUREDO, LUIS Name **CARLTON FIELDS** Address

Address 201 CRANDON BLVD APT 936 100 S.E. SECOND STREET SUITE

4200

City-State-Zip: KEY BISCAYNE FL 33149 City-State-Zip: MIAMI FL 33131-2113