

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000001881

**Entity Name:** HAVE NO BOUNDARIES, INC.

**Current Principal Place of Business:**

4010 HIGHGATE DR.  
VALRICO, FL 33594

**Current Mailing Address:**

4010 HIGHGATE DR.  
VALRICO, FL 33594 US

**FEI Number: 81-1379278**

**Certificate of Status Desired:** No

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

AZOR, PARMASHWARIE  
4010 HIGHGATE DR.  
VALRICO, FL 33594 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 AZOR, PARMASHWARIE  
Address 4010 HIGHGATE DR.  
City-State-Zip: VALRICO FL 33594

Title D  
Name DERIVEAU, MONICA  
Address 1112 LUMSDEN TRACE CIR.  
City-State-Zip: VALRICO FL 33594

Title D  
Name BIJOUX, MARIE  
Address 4022 QUAIL BRAIR DR.  
City-State-Zip: VALRICO FL 33594

Title D  
Name ROGERS, FATMATA  
Address 3804 HIGHGATE DR.  
City-State-Zip: VALRICO FL 33594

Title D  
Name JOSPEH, CAROL  
Address 2504 CULBREATH COVE CT.  
City-State-Zip: VALRICO FL 33596

*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: PARMASHWARIE AZOR**

**DIRECTOR**

**04/10/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date