

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

DOCUMENT# N16000012060

**Entity Name:** GLORIA KRIETE FOUNDATION INC.

**FILED**  
**Apr 28, 2017**  
**Secretary of State**  
**CC6746129157**

**Current Principal Place of Business:**

2 ALHAMBRA PLAZA  
SUITE 802  
CORAL GABLES, FL 33134

**Current Mailing Address:**

2 ALHAMBRA PLAZA  
SUITE 802  
CORAL GABLES, FL 33134

**FEI Number: APPLIED FOR**

**Certificate of Status Desired: No**

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

ARMSTRONG, CRAIG  
9830 SW 77 AVENUE  
SUITE 125  
MIAMI, FL 33156 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 KRIETE, ROBERTO  
Address C/O 2 ALHAMBRA PLAZA SUITE 802  
City-State-Zip: CORAL GABLES FL 33134

Title D  
Name KRIETE, CELINA  
Address C/O 2 ALHAMBRA PLAZA SUITE 802  
City-State-Zip: CORAL GABLES FL 33134

Title D  
Name KRIETE SOL, ROBERTO  
Address C/O 2 ALHAMBRA PLAZA SUITE 802  
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.*

**SIGNATURE: ROBERTO KRIETE SOL**

**DIRECTOR**

**04/28/2017**

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

\_\_\_\_\_  
Date