

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18000009436

Entity Name: DE LA MANO DE MARIA CORPORATION**Current Principal Place of Business:**14165 SW 87TH STREET, APT D 303
MIAMI, FL 33183**Current Mailing Address:**14165 SW 87TH STREET, APT D 303
MIAMI, FL 33183 US**FEI Number:** 83-2061548**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DORA MARIA MARTINEZ HINESTROZA
14165 SW 87TH STREET, APT D 303
MIAMI, FL 33183 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	PD
Name	DORA MARIA MARTINEZ HINESTROZA
Address	14165 SW 87TH STREET, APT D 303
City-State-Zip:	MIAMI FL 33183

Title	TD
Name	ANDREA CECILIA MARTINEZ MARTINEZ
Address	14165 SW 87TH STREET, APT D 303
City-State-Zip:	MIAMI FL 33183

Title	VD
Name	GUSTAVO ADOLFO MARTINEZ MATOS
Address	14165 SW 87TH STREET, APT D 303
City-State-Zip:	MIAMI FL 33183

Title	SD
Name	LILIANA MARGARITA MALDONADO UPEGUI
Address	14165 SW 87TH STREET, APT D 303
City-State-Zip:	MIAMI FL 33183

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: DORA MARIA MARTINEZ HINESTROZA

PD

06/25/2020

Electronic Signature of Signing Officer/Director Detail_____
Date