

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20000005103

**Entity Name:** SOUTH FLORIDA ARTS & COUNSELING, INC.

**Current Principal Place of Business:**

2727 NW 17TH TERRACE  
205  
MIAMI, FL 33125--114

**Current Mailing Address:**

2727 NW 17TH TERRACE  
205  
MIAMI, FL 33125--114 UN

**FEI Number:** 85-1036707

**Certificate of Status Desired:** Yes

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

ALVAREZ, ARLINNES  
2727 NW 17TH TERRACE  
205  
MIAMI, FL 33125--1149 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 P  
Name ALVAREZ, ARLINNES  
Address 2727 NW 17TH TERRACE  
City-State-Zip: MIAMI FL 33125--114

Title VP  
Name GONZALEZ, MICHEL  
Address 1530 NE 191ST APT 103  
City-State-Zip: MIAMI FL 33179

Title T  
Name MARHELL, VIVIAN  
Address 11107 NE 9TH AVE  
City-State-Zip: BISCAYNE PARK FL 33161

*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:** ARLINNES ALVAREZ ARLINNES ALVAREZ

**PRESIDENT**

**02/07/2021**

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

\_\_\_\_\_  
Date