

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

DOCUMENT# N20000012268

**Entity Name:** MINAGORRI FAMILY FOUNDATION, CORP.**Current Principal Place of Business:**5255 COLLINS AVE  
UNIT 115  
MIAMI BEACH, FL 33140**Current Mailing Address:**5255 COLLINS AVE  
UNIT 115  
MIAMI BEACH, FL 33140 US**FEI Number:** 86-1713742**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MANUEL MINAGORRI  
5255 COLLINS AVE  
UNIT 115  
MIAMI BEACH, FL 33140 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            | MANUEL MINAGORRI             |
| Address         | 5255 COLLINS AVE<br>UNIT 115 |
| City-State-Zip: | MIAMI BEACH FL 33140         |

|                 |                               |
|-----------------|-------------------------------|
| Title           | D                             |
| Name            | YOLANDA G. MINAGORRI          |
| Address         | 5255 COLLINS AVE.<br>UNIT 115 |
| City-State-Zip: | MIAMI BEACH FL 33140          |

|                 |                              |
|-----------------|------------------------------|
| Title           | D                            |
| Name            | MICHELLE MINAGORRI           |
| Address         | 5255 COLLINS AVE<br>UNIT 115 |
| City-State-Zip: | MIAMI BEACH FL 33140         |

|                 |                              |
|-----------------|------------------------------|
| Title           | D                            |
| Name            | MARIANNE MINAGORRI           |
| Address         | 5255 COLLINS AVE<br>UNIT 115 |
| City-State-Zip: | MIAMI BEACH FL 33140         |

|                 |                              |
|-----------------|------------------------------|
| Title           | D                            |
| Name            | MONICA MINAGORRI             |
| Address         | 5255 COLLINS AVE<br>UNIT 115 |
| City-State-Zip: | MIAMI BEACH FL 33140         |

*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:** MANUEL MINAGORRI

D

04/28/2021

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