

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21000003463

Entity Name: MINORITY EDUCATION TECHNOLOGY ACADEMY INC**Current Principal Place of Business:**2800 SOMERSET DR APT 217J
217 J
LAUDERDALE LAKES, FL 33311**Current Mailing Address:**2800 SOMERSET DR APT 217J
217 J
LAUDERDALE LAKES, FL 33311 UN**FEI Number: 86-2861362****Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MARTINEZ, MONICA D
2800 SOMERSET DR APT 217J
217 J
LAUDERDALE LAKES, FL 33311 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	MARTINEZ, MONICA D
Address	2800 SOMERSET DR 217J
City-State-Zip:	FORT LAUDERDALE FL 33311

Title	MEM
Name	JOHNSON, SHERON
Address	2800 SOMERSET DR APT 217J
City-State-Zip:	LAUDERDALE LAKES FL 33311

Title	MEM
Name	JOHNSON, WAYNE RICHARD
Address	2800 SOMERSET DR APT 217J
City-State-Zip:	LAUDERDALE LAKES 33311

Title	VP
Name	DAVIS, SHEBA
Address	2800 SOMERSET DR 217J
City-State-Zip:	FORT LAUDERDALE FL 33311

Title	MEM
Name	VERDEJA, WILLIAM
Address	2800 SOMERSET DR APT 217J
City-State-Zip:	LAUDERDALE LAKES FL 33311

Title	SECRETARY
Name	BELANCOURT, TARA
Address	2800 SOMERSET DR APT 217J 217 J
City-State-Zip:	LAUDERDALE LAKES 33311

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: MONICA MARTINEZ**PRESIDENT****04/07/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date