

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N22000012366

**Entity Name:** MONAE CARES, INC.

**Current Principal Place of Business:**

1495 SW 12 AVENUE  
APT 2  
DANIA BEACH, FL 33004

**Current Mailing Address:**

1495 SW 12 AVENUE  
APT 2  
DANIA BEACH, FL 33004

**FEI Number:** 92-1133260

**Certificate of Status Desired:** Yes

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

LEVINE, MONA  
1495 SW 12 AVENUE  
APT  
DANIA BEACH, FL 33004 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 LEVINE, MONA  
Address 1495 SW 12 AVENUE, APT 2  
City-State-Zip: DANIA BEACH FL 33004

Title VP  
Name JAMES, HAZEL C  
Address 3341 NW 7 STREET  
City-State-Zip: LAUDERHILL FL 33311

Title TREA  
Name MATHURIN, CRISTAL F  
Address 2329 ROLLING ROCK DRIVE  
City-State-Zip: CONLEY GA 30288

*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:** MONA LEVINE

**PRESIDENT**

**04/30/2024**

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

\_\_\_\_\_  
Date