

2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N22000012381

Entity Name: MIAMI-DADE INNOVATION AUTHORITY INC.

FILED
Aug 12, 2024
Secretary of State
5023955079CC

Current Principal Place of Business:

1951 NW 7TH AVENUE
SUITE 600
MIAMI, FL 33136

Current Mailing Address:

1951 NW 7TH AVENUE
SUITE 160 #120
MIAMI, FL 33136 US

FEI Number: 88-4268165

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
#202
PLANTATION, FL 33324 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 DIRECTOR
Name MARSHALL, KIMBERLY
Address 1951 NW 7TH AVENUE SUITE 160 #120
City-State-Zip: MIAMI FL 33136

Title PRESIDENT
Name BUCHANAN, LEIGH-ANN
Address 1951 NW 7TH AVENUE SUITE 160 #120
City-State-Zip: MIAMI FL 33136

Title DIRECTOR, SECRETARY
Name OWENS, JOHN D III
Address 1951 NW 7TH AVENUE SUITE 160 #120
City-State-Zip: MIAMI FL 33136

Title DIRECTOR
Name LEVINSON, JOHN
Address 1951 NW 7TH AVENUE SUITE 160 #120
City-State-Zip: MIAMI FL 33136

Title DIRECTOR, VICE CHAIR
Name WESTLE, BEVERLY
Address 1951 NW 7TH AVENUE SUITE 160 #120
City-State-Zip: MIAMI FL 33136

Title DIRECTOR
Name FRISHMAN, JASON
Address 1951 NW 7TH AVENUE SUITE 160 #120
City-State-Zip: MIAMI FL 33136

Title DIRECTOR, CHAIR
Name CASSEL, SETH
Address 1951 NW 7TH AVENUE SUITE 160 #120
City-State-Zip: MIAMI FL 33136

Title DIRECTOR
Name SMITH, ADAM
Address 1951 NW 7TH AVENUE SUITE 160 #120
City-State-Zip: MIAMI FL 33136

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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: NICOLE SEDLACK

ASST. TREASURER,
ASST. SECRETARY

08/12/2024

Officer/Director Detail Continued :

Title ASST. TREASURER, ASST. SECRETARY
Name SEDLACK, NICOLE
Address 1951 NW 7TH AVENUE
SUITE 160 #120
City-State-Zip: MIAMI FL 33136