

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

DOCUMENT# N22000014050

**Entity Name:** BELIZE ASSOCIATION OF SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

12934 SW 133RD COURT  
MIAMI, FL 33186

**Current Mailing Address:**

21991 SW 98 AVE, CUTLER BAY, FL  
CUTLER BAY, FL 33190 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

PARAGON INTERNATIONAL TRANSACTIONS, LLC  
13814 SIGLER STREET  
RIVERVIEW, FL 33579 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            PRESIDENT, DIRECTOR  
Name            BULLER, DARNELL MR  
Address        21991 SW 98 AVENUE  
City-State-Zip: CUTLER BAY FL 33190

Title            VP, DIRECTOR  
Name            GIBSON-NORRIS, CHRISTINE  
Address        1661 NE 161 ST  
City-State-Zip: NORTH MIAMI BEACH FL 33162

Title            DIRECTOR  
Name            PIPERSBURG, KEITH  
Address        121 NE 204 ST  
                  APT 23  
City-State-Zip: MIAMI FL 33179

Title            TREASURER, DIRECTOR  
Name            FAIRWEATHER, STEPHEN  
Address        355 NW 111 TERRACE  
City-State-Zip: MIAMI FL 33168

Title            DIRECTOR  
Name            LOPEZ JR, PHILLIP  
Address        6524 MAYO STREET  
City-State-Zip: HOLLYWOOD FL 33023

Title            DIRECTOR  
Name            SAVERY, WAYNE  
Address        5441 SW 134 AVENUE  
City-State-Zip: MIRAMAR FL 33027

Title            SECRETARY, DIRECTOR  
Name            IVEY, KATHRINE  
Address        1611 NW 93 STREET  
City-State-Zip: MIAMI FL 33147

Title            DIRECTOR  
Name            ELLINGTON, FELICIA  
Address        388 NW 111 TERRACE  
City-State-Zip: MIAMI FL 33168

**Continues on page 2**

*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: DARNELL BULLER**

**PRESIDENT**

**05/01/2024**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            FRAMPTON , LAURA  
Address        15780 SW 40TH ST  
City-State-Zip: MIRAMAR FL 33027