

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N22000014050

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

**FILED**  
**Mar 09, 2023**  
**Secretary of State**  
**2859766438CC**

**Current Principal Place of Business:**

12934 SW 133RD COURT  
SUITE A  
MIAMI, FL 33186

**Current Mailing Address:**

12934 SW 133RD COURT  
SUITE A  
MIAMI, FL 33186 US

**FEI Number: 88-4412837**

**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            GONGARA, RAY  
Address        19360 NW 10TH STREET  
City-State-Zip: PEMBROKE PINES FL 33029

Title            TREASURER, DIRECTOR  
Name            NEAL, CALVIN  
Address        71 NW 42ND WAY  
City-State-Zip: DEERFIELD BEACH FL 33442

Title            SECRETARY, DIRECTOR  
Name            NEAL, WALTERENE  
Address        71 NW 42ND WAY  
City-State-Zip: DEERFIELD BEACH FL 33442

Title            DIRECTOR  
Name            COBURN, EVERETT  
Address        7729 DILIDO BLVD  
City-State-Zip: MIRAMAR FL 33023

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

Title            DIRECTOR  
Name            FRAZER, ANDREW  
Address        14222 SW 10TH AVENUE  
City-State-Zip: MIAMI FL 33176

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

**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**

**DIRECTOR**

**03/09/2023**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

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