

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

DOCUMENT# N39898

**Entity Name:** CREW MIAMI, INC.**Current Principal Place of Business:**8004 NW 154TH STREET  
#444  
MIAMI LAKES, FL 33016**Current Mailing Address:**8004 NW 154 STREET  
#444  
MIAMI LAKES, FL 33016 US**FEI Number:** 65-0220883**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BUTLER, EMILY JEAN  
8004 NW 154 STREET  
#444  
MIAMI LAKES, FL 33016 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:** EMILY J BUTLER

02/17/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           BUTLER, EMILY JEAN  
Address       8004 NW 154 STREET  
                #444  
City-State-Zip: MIAMI LAKES FL 33016

Title           SECRETARY  
Name           HERNANDEZ, RODOLFO  
Address       4711 SOUTH LEJEUNE RD  
City-State-Zip: CORAL GABLES FL 33146

Title           DIRECTOR  
Name           GRACHOVA, JULIA  
Address       900 NW 6TH ST  
                SUITE 201  
City-State-Zip: FORT LAUDERDALE FL 33311

Title           PRESIDENT  
Name           COHEN, HOLLY P  
Address       1140 ASTORIA AVENUE  
City-State-Zip: CORAL GABLES FL 33134

Title           IMMEDIATE PAST PRESIDENT  
Name           CRUZ-BUSTILLO, JACKIE  
Address       2301 NW 87TH AVENUE  
City-State-Zip: MIAMI FL 33172

Title           DIRECTOR  
Name           ZAMPIERI, CRISTINA  
Address       220 ALHAMBRA CIRCLE  
City-State-Zip: CORAL GABLES FL 33134

Title           PRESIDENT-ELECT  
Name           CORREA, JOSIE LEGIDO  
Address       1311 W NEWPORT CENTER DRIVE  
                STE C  
City-State-Zip: DEERFIELD BEACH FL 33442

Title           DIRECTOR  
Name           SAVVEDRA, BRENDA  
Address       8950 SW 74TH COURT  
                SUITE 2201  
City-State-Zip: MIAMI FL 33156

**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:** EMILY BUTLER

TREASURER

02/17/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name GRAVESANDE, ALISHA  
Address 18841 NE 29TH AVENUE  
City-State-Zip: AVENTURA FL 33180

Title DIRECTOR  
Name PEREZ, MABELLE  
Address 1111 BRICKELL AVE  
SUITE 1650  
City-State-Zip: MIAMI FL 33131

Title DIRECTOR  
Name NYAKANA, YVONNE  
Address 255 ALHAMBRA CIRCLE  
12TH FLOOR  
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR  
Name MONTALVO, ISABELA  
Address 2655 LEJEUNE ROAD P2E  
City-State-Zip: MIAMI FL 33134

Title DIRECTOR  
Name MERCHANT, STACI  
Address 12326 ISABELLA DRIVE  
City-State-Zip: BONITA SPRINGS FL 34135

Title DIRECTOR  
Name SHEPARD, TIFFANY  
Address 6301 W. SUNSET BLVD.  
City-State-Zip: SUNRISE FL 33313