## 2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9300000642

Entity Name: CARRFOUR SUPPORTIVE HOUSING, INC.

**FILED** Jan 07, 2025 **Secretary of State** 4380150859CC

## **Current Principal Place of Business:**

1398 SW 1ST STREET 12TH FLOOR MIAMI, FL 33135

## **Current Mailing Address:**

1398 SW 1ST STREET 12TH FLOOR MIAMI, FL 33135 US

FEI Number: 65-0387766 Certificate of Status Desired: Yes

## Name and Address of Current Registered Agent:

BERMAN, STEPHANIE 1398 SW 1ST STREET 12TH FLOOR MIAMI, FL 33135 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

City-State-Zip:

MIAMI FL 33131

Officer/Director Detail:

Title **CHAIRMAN** Title **SECRETARY** Name DANNER, STEPHEN Name FINE, CAROL

2525 PONCE DE LEON BOULEVARD 700 BRICKELL AVENUE Address Address

**SUITE 1040** 

City-State-Zip: CORAL GABLES FL 33134

VC Title Title Р

Name VILA, JOSE Name BERMAN, STEPHANIE

Address 2525 PONCE DE LEON BOULEVARD 1398 SW 1ST STREET, 12TH FLOOR Address

**SUITE 1040** 

MIAMI FL 33135 City-State-Zip: CORAL GABLES FL 33134 City-State-Zip:

Title **TREASURER** LOPES, CAETANO Name

C/O 1398 SW 1ST STREET Address

12TH FLOOR

City-State-Zip: MIAMI FL 33135

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: STEPHANIE BERMAN

**PRESIDENT** 

01/07/2025

Date