

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000006097

**Entity Name:** SQA FOUNDATION, INC.

**Current Principal Place of Business:**

C/O HLB GRAVIER LLP  
396 ALHAMBRA CIRCLE, STE 900  
CORAL GABLES, FL 33134

**Current Mailing Address:**

1172 S. DIXIE HWY, STE 628  
MIAMI, FL 33146

**FEI Number:** 65-0541856

**Certificate of Status Desired:** No

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

GRAVIER, LEONARDO DCPA  
C/O HLB GRAVIER LLP  
396 ALHAMBRA CIRCLE, STE 900  
CORAL GABLES, FL 33134 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 DSPT  
Name NEUMAN, JEFFREY L  
Address 1172 S. DIXIE HWY, STE 628  
City-State-Zip: MIAMI FL 33146

Title D  
Name MALINA, DAVID  
Address 1172 S. DIXIE HWY, STE 628  
City-State-Zip: CORAL GABLES FL 33146

Title DIRECTOR  
Name MACHADO, PATRICIA  
Address 1172 S. DIXIE HWY, STE 628  
City-State-Zip: MIAMI FL 33146

*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:** JEFFREY L NEUMAN

DSPT

04/04/2019

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

\_\_\_\_\_  
Date