

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000006040

**Entity Name:** BARREIRO FOUNDATION INC.

**Current Principal Place of Business:**

1454 SW FIRST STREET  
SUITE 100  
MIAMI, FL 33135

**Current Mailing Address:**

PO BOX 015644  
MIAMI, FL 33101-5644

**FEI Number:** 65-0953039

**Certificate of Status Desired:** No

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

BARREIRO, BRUNO A  
1454 SW FIRST STREET  
SUITE 100  
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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title SECRETARY  
Name BARREIRO, ZORAIDA A  
Address 2101 SW 4 AVENUE  
City-State-Zip: MIAMI FL 33129

Title PD  
Name BARREIRO, BRUNO ARTHUR  
Address 2101 SW 4 AVENUE  
City-State-Zip: MIAMI FL 33129

Title VPD  
Name BARREIRO, ALICIA PILAR  
Address 2131 SW 4 AVENUE  
City-State-Zip: MIAMI FL 33129

Title TD  
Name AROSTEGUI, EMILIO  
Address 418 SW 87TH CT  
City-State-Zip: MIAMI FL 33174

Title DIRECTOR  
Name BARREIRO, BIANCA FATIMA  
Address 2101 SW 4 AVENUE  
City-State-Zip: MIAMI FL 33129

*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:** BRUNO A. BARREIRO

**PRESIDENT**

**04/09/2021**

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

\_\_\_\_\_  
Date