## 2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P24000065089

Entity Name: VARELA ABA THERAPY CORP

inity Namo: VARCEACABACTARETOR TOO

**Current Principal Place of Business:** 

936 NW 44 AVE APT 5 MIAMI, FL 33126

## **Current Mailing Address:**

936 NW 44 AVE APT 5 MIAMI, FL 33126

FEI Number: 33-1578135 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

VARELA MATEUS, LIDA M 936 NW 44 AVE APT 5 MIAMI, FL 33126 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

FILED Apr 17, 2025

**Secretary of State** 

7682234218CC

## Officer/Director Detail:

Title F

Name VARELA MATEUS, LIDA M Address 936 NW 44 AVE APT 5 City-State-Zip: MIAMI FL 33126

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.