

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

DOCUMENT# F04000002274

**Entity Name:** ALBERTO VOLLMER FOUNDATION, INC.

**FILED**  
**May 06, 2021**  
**Secretary of State**  
**7044194590CC**

**Current Principal Place of Business:**

6205 BLUE LAGOON DR  
SUITE 130  
MIAMI, FL 33126

**Current Mailing Address:**

6205 BLUE LAGOON DR  
SUITE 130  
MIAMI, FL 33126 US

**FEI Number:** 22-2872241

**Certificate of Status Desired:** No

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

AGUILAR, CARLOS I  
200 CRANDON BLVD STE. 360  
KEY BISCAYNE, FL 33149 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 PST  
Name VOLLMER, ALBERTO J  
Address 444 BRICKELL AVENUE SUITE 401  
City-State-Zip: MIAMI FL 33131

Title VP  
Name VOLLMER, CHRISTINE  
Address 444 BRICKELL AVENUE SUITE 401  
City-State-Zip: MIAMI FL 33131

Title TREA  
Name VOLLMER, HENRIQUE  
Address 444 BRICKELL AVE SUITE 401  
City-State-Zip: MIAMI FL 33131

*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:** HENRIQUE VOLLMER

**TREASURER**

**05/06/2021**

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

\_\_\_\_\_ Date