

2024 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F15000001184

Entity Name: CENTRO GERONTOLOGICO LATINO, INC.

Current Principal Place of Business:

580 FIFTH AVENUE, SUITE 820
NEW YORK, NY 10036

Current Mailing Address:

PO BOX 800842
MIAMI, FL 33280

FEI Number: 13-3631719

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TAPIA, MARIO E
2750 NE 183RD STREET
APT. 305
AVENTURA, FL 33160 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 C/P
Name COLON, DORIS
Address 930 THIERIOT AVE., APT. 7-A
City-State-Zip: BRONX NY 10473

Title VC
Name SANCHEZ, CARMEN D
Address PO BOX 22039
City-State-Zip: RIO PIEDRAS OC 22039

Title D
Name PI ROMAN, RAFAEL
Address 450 WEST 33RD STREET
City-State-Zip: NEW YORK NY 10001

Title D
Name FUENTES, JEAN C
Address 205 EAST 67TH STREET
City-State-Zip: NEW YORK NY 10065

Title S
Name MATOS, CARRIE
Address 2 WOODRIDGE LANE
City-State-Zip: NEW FAIRFIELD CT 06812

Title T
Name ROSELL, ADRIENE
Address 25 BUCKINGHAM ROAD
City-State-Zip: BRICK NJ 08723

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: COLON, DORIS

BOARD CHAIRPERSON

01/19/2024

Electronic Signature of Signing Officer/Director Detail

Date