

2022 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F17000003723

FILED
Mar 04, 2022
Secretary of State
3652675066CC

Entity Name: ASOCIACION PROVIDA DE VENEZUELA - PROVIVE INCORPORATED

Current Principal Place of Business:

2427 PRESIDENTIAL WAY
602
WEST PALM BEACH, FL 33401

Current Mailing Address:

2427 PRESIDENTIAL WAY, UNIT 602
WEST PALM BEACH, FL 33401 US

FEI Number: 98-0136863

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

OLAVARRIA, MARIAN
2427 PRESIDENTIAL WAY, UNIT 602
WEST PALM BEACH, FL 33401 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 PRESIDENT
Name VOLLMER, CHRISTINE
Address CALLE SUR 1
 QUINTA EL CARMEN URBANIZACION
 EL PLACER
City-State-Zip: CARACAS MIRANDA

Title VP
Name FLEURY, MARIA GARCIA
Address AVENIDA CENTRAL,
 QUINTA MI REMANSO URBANIZACION
 LA LAGUNITA
City-State-Zip: CARACAS

Title MEMBER
Name VOLLMER, HENRIQUE
Address CALLE SUR 1
 QUINTA EL CARMEN URBANIZACION
 EL PLACER
City-State-Zip: CARACAS

Title MEMBER
Name PALACIOS, ALVARO IGNACIO
Address CALLE EL GAMELOTAL,
 RESIDENCIAS GINA
 URBANIZACION LA ESMERALDA
 PH-2B
City-State-Zip: CARACAS

Title MEMBER
Name PERELLA, JOSE ANTONIO
Address BAJADA DE LOS CURTIDORES,
 RAMAL 1
 QUINTA PORTO FINO URBANIZACION
 ALTO HATILLO
City-State-Zip: CARACAS

Title MEMBER
Name OROZCO, MARTIN
Address URB. TERRAZAS DEL TURBIO, AV.
 TEREPAIMA.
 ENTRE CALLE MACUTO Y TIUNA
 QTA. MUÑECA
City-State-Zip: BARQUISIMETO

Title MEMBER
Name AGUILAR, CARLOS IGNACIO
Address 452 RIDGEWOOD AV
City-State-Zip: KEY BISCAYNE FL 33149

Title SECRETARY
Name HERRERA RAMIREZ, JORGE
 ANTONIO
Address CALLE GUAICAIPURO
 EDIF. ASKAIN, PISO 1 L-1
City-State-Zip: CARACAS MIRANDA

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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.

Officer/Director Detail Continued :

Title COMPTROLLER
Name DE FARIAS DE GOES, MARLENE
Address CONTALFA
 AVENIDA MARA C. C. MACARACUAY
City-State-Zip: CARACAS MIRANDA