

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N1600000216

Entity Name: LIVE: LEAD, INNOVATE, VOLUNTEER & EMPOWER, INC.

Current Principal Place of Business:

11401 SW 88TH AVENUE
MIAMI, FL 33176

Current Mailing Address:

304 PALERMO AVENUE
CORAL GABLES , FL 33134 US

FEI Number: 81-1106219

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BOURDEAU, KATHRYN BLANCO
8900 SW 124TH STREET
MIAMI, FL 33176 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: KATHRYN BLANCO BOURDEAU

01/28/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VC
Name HERNANDEZ-SOLAUN, JOSE ANTONIO
Address 1551 CONSOLATA AVENUE
City-State-Zip: CORAL GABLES FL 33146

Title CHAIRMAN
Name BOURDEAU, KATHRYN BLANCO
Address 8900 SW 124TH STREET
City-State-Zip: MIAMI FL 33176

Title T
Name BARBEITO, DAVID CPA
Address 304 PALERMO AVENUE
City-State-Zip: CORAL GABLES FL 33134

Title EXECUTIVE SECRETARY
Name VEGA, GUSTAVO
Address 11401 SW 88TH AVENUE
City-State-Zip: MIAMI FL 33176

Title VC
Name HERNANDEZ, RAUL
Address 8858 SW 62ND TERRACE
City-State-Zip: MIAMI FL 33173

Title DIRECTOR
Name WEISS, KIRK
Address 6437 SW 158 PASS
City-State-Zip: MIAMI FL 33193

Title DIRECTOR
Name ELLIOTT, MATTHEW
Address 350 GRAPETREE DR. #412
City-State-Zip: KEY BISCAYNE FL 33149

Title DIRECTOR
Name RODRIGUEZ, AIDA
Address 13940 OLD CUTLER ROAD
City-State-Zip: PALMETTO BAY FL 33158

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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.

SIGNATURE: KATHRYN B BOURDEAU

CHAIR

01/28/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name PENA, HUMBERTO
Address 8270 SW 117 TERRACE
City-State-Zip: MIAMI FL 33156