

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N22000007022

**Entity Name:** COLLABOARTIVE INC.

**Current Principal Place of Business:**

4726 SW 75 AVENUE  
MIAMI, FL 33155

**Current Mailing Address:**

4726 SW 75 AVENUE  
MIAMI, FL 33155 US

**FEI Number: 88-3253204**

**Certificate of Status Desired: No**

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

BLACKWELL FONT, JEAN  
6830 SW 45 LANE  
9  
MIAMI, FL 33155 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 D  
Name BLACKWELL FONT, JEAN  
Address 6830 SW 45 LANE, #9  
City-State-Zip: MIAMI FL 33155

Title D  
Name FONT, IGNACIO  
Address 6830 SW 45 LANE, #9  
City-State-Zip: MIAMI FL 33155

Title OFFICER  
Name ALBERT, III, GERARD  
Address 4726 SW 75 AVENUE  
City-State-Zip: MIAMI FL 33155

Title OFFICER  
Name FONT, MICHELLE  
Address 4726 SW 75 AVENUE  
City-State-Zip: MIAMI FL 33155

Title OFFICER  
Name FROMM, ANNETTE  
Address 4726 SW 75 AVENUE  
City-State-Zip: MIAMI FL 33155

Title OFFICER  
Name PARISH, ERIN  
Address 4726 SW 75 AVENUE  
City-State-Zip: MIAMI FL 33155

Title OFFICER  
Name RYBOVICH, TERRE  
Address 4726 SW 75 AVENUE  
City-State-Zip: MIAMI FL 33155

*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: JEAN BLACKWELL FONT**

**EXECUTIVE DIRECTOR**

**03/09/2024**

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

\_\_\_\_\_  
Date