2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000006188

1. Entity Name

Fishing Miracles Family Resource Center, Inc

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 19 AM 11:13

Principal Place of Business | Mailing Address

431-O Gaston Foster RD
Orlando, Fl 32807

2. Principal Place of Business	3. Mailing Address
~~431-O Gaston Foster Rd~~	~~1446-D W. Holden Ave~~
Suite, Apt. #, etc. O	Suite, Apt. #, etc. D
City & State ~~Orlando, FL~~	City & State ~~Orlando, FL~~
Zip 32807 Country Orange	Zip 32839 Country Orange

DO NOT WRITE IN THIS SPACE

4. FEI Number ~~59-3668060~~ 59-3668060 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

Ivette Ramos
1446-D W. Holden Avenue
Orlando, Fl 32839

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

8. 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 ______________________ 10-16-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete	President-Direcoter -direcotr Ivette Ramos 1446-D W. Holden Avenue Or, Fl 32839
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete	Vice Presidnet Hilario Celestrin ~~1446-D W. HoldenAve~~
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☑ Delete	Director-Secretary Rosita Lopez ~~Juanita Irizarry~~ Lk. Underh. ~~1908 Lake Heritage Cir #317~~ Or, ~~Fl 32839~~
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete	Director/Treasure Raquel Franqui 1008th 38th Or, FL
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☑ Delete	Director. Johnny Corter 4621 Meadowbrook or. FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition	700004661587--1 -10/31/01--01033--005 *****61.25 *****61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☒ Addition	Director-Secretary Juanita Irizarry 1908 Lake Heritage Cir #317 Or, Fl 32839
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition	Treasure ~~Ismael Pinero~~
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition	SAME Raquel Franqui 1008th 38th Or. FL. 32809
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☒ Addition	Director Felix Irizarry 1980 Lake Heritage Cir #317 Or. FL 32839

CR2E037 (11/00)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ivette Ramos 10-16-01 407-491-7798
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #