

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2003 8:00 am
Secretary of State

05-05-2003 90728 046 ****61.25

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1. Entity Name

CLARITA FILGUEIRAS-FLAMENCO PURO, INC.

Principal Place of Business

**16 MARABELLA AVE
CORAL GABLES FL 33134**

Mailing Address

**16 MARABELLA AVE
CORAL GABLES FL 33134**

55049081

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FBI Number

30-0147 323

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

**FILGUEIRAS, CLARA
16 MARABELLA AVE
CORAL GABLES FL 33134**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P/D**
NAME **FILGUEIRAS, CLARA (D)** ☐ Delete
STREET ADDRESS **16 MARABELLA AVE**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **S/T**
NAME **MIRANDA, ANA (D)** ☐ Delete
STREET ADDRESS **668 NE. 70th ST.**
CITY-ST-ZIP **MIAMI, FL. 33138**

TITLE **V.P.**
NAME **PACHECO, LUISITA (D)** ☐ Delete
STREET ADDRESS **4151 GATELANE BAYPOINT**
CITY-ST-ZIP **MIAMI, FL. 33137**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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:

CLARA FILGUEIRAS 1/20/2003 305 442-1291
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)