

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

FILED
Feb 14, 2003 8:00 am
Secretary of State

1/2

01-21-2003 90142 039 ****61.25

DOCUMENT # N02000005020

1. Entity Name

AMIGOS Y VECINOS DE ALTAHABANA, CORP.



Principal Place of Business

**35 NW 26TH AVE
MIAMI FL 33125**

Mailing Address

**35 NW 26TH AVE
MIAMI FL 33125**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BENIGNO, RECAREY
16610 SW 83RD AVE
MIAMI FL 33157**

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. 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 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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRESIDENT
GUTIERREZ, JOSE H
35 NW 26TH AVE
MIAMI FL 33125** ☐ Delete **D**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VICE PRESIDENT
PERDOMO, RICARDO
1210 WILDWOOD LAKES BLVD #101
NAPLES FL 34104** ☐ Delete **D**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Treasurer
RECAREY, BENIGNO
16610 SW 83RD AVE
MIAMI FL 33157** ☐ Delete **D**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SECRETARY
CASADO, FERNANDO
1216 WILSHIRE
NAPERVILLE IL 60540** ☐ Delete **D**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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CITY-ST-ZIP
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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:

BENIGNO RECAREY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/16/03
Date

305-232-0836
Daytime Phone #

CR2E037 (10/02)