

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

FILED
May 27, 2003 8:00 am
Secretary of State

04-28-2003 91311 038 ****61.25

DOCUMENT # NO2000006319

1. Entity Name

SAN JOSE OBRERO FOUNDATION CORP.



Principal Place of Business

**1019 S.W. 24 ROAD
MIAMI FL 33129**

Mailing Address

**1019 S.W. 24 ROAD
MIAMI FL 33129**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

03-0431427

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CARRERAS, JOSEFINA
1019 S.W. 24 ROAD
MIAMI FL 33129**

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. 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	P D	☐ Delete
NAME	LOPEZ, ALEJANDRO FATHER	
STREET ADDRESS	1019 S.W. 24 ROAD	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE	V D	☐ Delete
NAME	ORTEGA, BERTHA	
STREET ADDRESS	1019 S.W. 24 ROAD	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE	T D	☐ Delete
NAME	CARRERAS, JOSEFINA	
STREET ADDRESS	1019 S.W. 24 ROAD	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE	S	☐ Delete
NAME	ORTEGA, BETTY	
STREET ADDRESS	1019 S.W. 24 ROAD	
CITY-ST-ZIP	MIAMI FL 33129	
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	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-03

Date

(305) 8581272

Daytime Phone #

CR2ED37 (10/02)