

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

0007222

DOCUMENT # N25242
1. Entity Name
HERMANDAD DEL SENOR DE LOS MILAGROS DEL SOR DE L A FLORIDA, INC.



FILED

04 FEB 16 AM 11:08

SECRETARY OF STATE
TALLAHASSEE FLORIDA



Principal Place of Business
**SAN ISIDRO CATHOLIC CHURCH
2310 M. LUTHER KING BLVD.
POMPANO BEACH FL 33069**

Mailing Address
**P.O. BOX 934772
MARGATE FL 33093**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

REINSTATEMENT CHECK HERE IF MAKING CHANGES **03-04**

4. FEI Number **65-0065208** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

~~VILLANUEVA, PEDRO A
2842 N.W. 95TH AVENUE
CORAL SPRINGS FL 33065~~

7. Name and Address of New Registered Agent

Name **ANTONIO RAMIREZ**

Street Address (P.O. Box Number is Not Acceptable)
1401 S Dixie Hwy EAST 4E

City **POMPANO BEACH** FL Zip Code **33060**

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 _____ (NOTE: Registered Agent signature required when reinstating)

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

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

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	PD	<input checked="" type="checkbox"/> Delete
NAME	VILLANUEVA, PEDRO A	
STREET ADDRESS	2842 N.W. 95TH AVENUE	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BARRIENTOS, ERNESTO	
STREET ADDRESS	5337 NW 55TH ST	
CITY-ST-ZIP	COCONUT CREEK FL 33073	
TITLE	TD	<input type="checkbox"/> Delete
NAME	VON MASSEUBACH, RITTER	
STREET ADDRESS	5483 ENCLAVE CROSSING WAY C-1	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ROJAS, PABLO	
STREET ADDRESS	22055 ASIATIC STREET	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTONIO RAMIREZ	
STREET ADDRESS	1401 S. DIXIE HWY EAST 4E	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	800025171858	
CITY-ST-ZIP	12/03/03--01007--005 **236.25	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	800025171858	
CITY-ST-ZIP	02/16/04--01028--005 **61.25	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 empowerments.

SIGNATURE: **ANTONIO RAMIREZ** **PABLO ROJAS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **11/25/03** Daytime Phone # **954 394 9506**

CR2E037 (4/03)