

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State

0043810

DOCUMENT # N92000000063

1. Entity Name

AMIGOS TOGETHER FOR KIDS, INC.

04-03-2001 90090 035 ****70.00

Principal Place of Business

Mailing Address

10621 NORTH KENDALL DRIVE
 STE #202
 MIAMI FL 33173
 US

10621 NORTHKENDALL DR
 STE #202
 MIAMI FL 33173
 US

00023866



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

815 Ponce de Leon
 Suite, Apt. #, etc.
 Suite # 200

815 Ponce de Leon
 Suite, Apt. #, etc.
 Suite # 200

City & State
 Coral Gables, FL

City & State
 Coral Gables, FL

4. FEI Number

65-0361629

Applied For

Not Applicable

Zip
 33134

Country
 U.S.A.

Zip
 33134

Country
 U.S.A.

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

ROUCO, JORGE L
 6250 SW 98TH ST
 MIAMI FL 33156

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TR	<input type="checkbox"/> Delete
NAME	ROUCO, JORGE L	
STREET ADDRESS	6250 SW 98 STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, DANIA M	
STREET ADDRESS	1550 BRICKELL AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	TR	<input type="checkbox"/> Delete
NAME	CUESTA, ERNESTO	
STREET ADDRESS	1550 BRICKELL AVE STE 109A	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	ECHERARRIA, ZUZEH	
STREET ADDRESS	12660 SW 38 TERRACE	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		
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 empowered.

SIGNATURE: *Dania M Rodriguez* 3/30/01 (305) 279-1155
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)