

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90010 022 ****70.00

DOCUMENT # N92000000063

1. Entity Name

AMIGOS TOGETHER FOR KIDS, INC.

Principal Place of Business

Mailing Address

815 PONCE DE LEON
 STE 200
 CORAL GABLES FL 33134
 US

815 PONCE DE LEON
 STE 200
 CORAL GABLES FL 33134
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0361629

Applied For

Not Applicable

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 CELIA M. CRUZ
 Street Address (P.O. Box Number is Not Acceptable)
815 Ponce De Leon Blvd. Ste #200
 City Coral Gables FL State FL Zip Code 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.

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

TITLE NAME	TR Plasencia, Jorge	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	800 Douglas Road, Suite 111, Coral Gables Annex Bldg. FL 33134	
TITLE NAME	T. Rodriguez, Dania M.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	2475 Brickell Ave #1203 Mia. FL 33129	
TITLE NAME	TR Fernandez, Roxana	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	2000 Ponce de Leon Blvd, PH Coral Gables, FL 33134	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 of 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

4/24/02

CR2E037 (9/01)