2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State
05-14-2001 90049 037 ****61.25

DOCUMENT # N94000003948

1. Entity Name

THE WILLY CHIRINO FOUNDATION, INC.

Principal Place of Business	Mailing Address
7601 NE 50 ST MIAMI FL 33166 US	5956 W. 16TH AVE. HIALEAH FL 33012 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4400 Island Rd.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL	City & State
Zip: 33137 Country: USA	Zip Country

4. FEI Number 65-0538140 ☐ 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
WILLY, CHIRINO 4400 ISLAND RD. BAY POINT MIAMI FL 33137	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P CHIRINO, WILLY 4400 ISLAND RD.-BAY POINT MIAMI FL 33137	☐ Delete	P/D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V FERNANDEZ, GERARDO 7300 SW 84 PLACE MIAMI FL 33143	☒ Delete	V/D ALVAREZ, LISSETTE 4400 ISLAND ROAD - BAY POINT MIAMI, FL 33137	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HIDALGO, GISELA 22500 SW 187 AVE MIAMI FL 33170	☒ Delete	T/D CHIRINO, JESSICA 1122 NW 32 PL. Miami, FL 33125	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S RUANO, BERTA L 1590 WEST 46 STREET, 235 HIALEAH FL 33012	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MADARIAGA, LOURDES M 5851 SW 13 ST MIAMI FL 33144	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOPEZ, EDUARDO L 6101 SW 93 AVE MIAMI FL 33173	☒ Delete		☐ Change ☐ Addition

CR2E037 (10/00)

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] SIGNATURE REQUIRED 04/30/01 (305) 573-5507
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #