

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005804

1. Entity Name

NATIONAL VOLUNTEER WEEK COMMITTEE OF DADE COUNTY *R*

Principal Place of Business

9250 W FLAGLER ST
#5202
MIAMI FL 33150
US

Mailing Address

P O BOX 016339
MIAMI FL 33101-6339
US

2. Principal Place of Business

3021 SW 67 AVE
Suite, Apt. #, etc.

3. Mailing Address

3021 SW 67 AVE
Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33155

Country

U.S.

Zip

33155

Country

US

4. FEI Number

31-1500791

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SOTO, ELISA
9160 W FLAGLER ST
#5202
MIAMI FL 33014

7. Name and Address of New Registered Agent

Name: SALCEDO, MARIA
Street Address (P.O. Box Number is Not Acceptable)
13021 SW 67 AVE
City: MIAMI FL Zip: 33155

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

Elisa Soto
Signature, typed or printed name of registered agent and title if applicable

MARIA SALCEDO - TREASURER

8/18/00

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

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

TITLE	PD	☐ Delete
NAME	SOTO, ELISA	
STREET ADDRESS	9250 W FLAGLER ST	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE	TD	☐ Delete
NAME	RODRIGUEZ, BARBARA	
STREET ADDRESS	3227 S W 63 AVE	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	SD	☐ Delete
NAME	JACOBS, PEGGIE	
STREET ADDRESS	2159 NW 1 COURT	
CITY-ST-ZIP	MIAMI FL 33127	
TITLE	VD	☐ Delete
NAME	GARCIA, JEANNETTE	
STREET ADDRESS	4343 W FLAGLER ST #404	
CITY-ST-ZIP	MIAMI FL 33134	
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	President	☒ Change ☐ Addition
NAME	Julie Palm	
STREET ADDRESS	1220 NE 153 ST.	
CITY-ST-ZIP	No. MIA. Pch. FL 33162	
TITLE	TREASURER	☒ Change ☐ Addition
NAME	MARIA SALCEDO	
STREET ADDRESS	3021 SW 67 AVE	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	Secretary	☒ Change ☐ Addition
NAME	Ara Andino	
STREET ADDRESS	9810 SW 87 AVE	
CITY-ST-ZIP	Miami, FL 33176	
TITLE	VD	☒ Change ☐ Addition
NAME	FRANKIE INGRAM	
STREET ADDRESS	11883 SW 210 Street	
CITY-ST-ZIP	Miami, FL 33177	
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:

MARIA SALCEDO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/2

FILED
Sep 11, 2000 8:00 am
Secretary of State

08-23-2000 90029 001 ****61.25

02-02-2000 90045 015 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (5/00)