9/17/01-90013-009-$61.25-$61.25

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005804

1. Entity Name

NATIONAL VOLUNTEER WEEK COMMITTEE OF DADE COUNTY

FILED
01 OCT 29 AM 9:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

| Principal Place of Business | Mailing Address |
|---|---|
| 3021 SW 67 AVE<br>MIAMI FL 33155<br>US | 3021 SW 67 AVE<br>MIAMI FL 33155<br>US |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | P.O. BOX 557475<br>Suite, Apt. #, etc. |
| City & State: MIAMI FL | City & State: MIAMI FL |
| Zip: 33255-7475 Country | Zip: 33255-7475 Country |

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
9250 W FLAGLER ST
#5202
MIAMI FL 33014

Julie Palm
1220 NE 153 St
Miami Fl 33162

7. Name and Address of New Registered Agent

Name: Julie Palm

Street Address (P.O. Box Number is Not Acceptable): 1220 NE 153 St

City: Miami FL Zip Code: 33162

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: Maria Salcedo MARIA SALCEDO TREASURER 9/1/01
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS $61.25**
**After September 12, 2001, 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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>SOTO, ELISA<br>9250 W FLAGLER ST<br>MIAMI FL 33174 | ☒ Delete | VP/D<br>Ana V. Andino<br>7800 N. Kendall Dr., Suite 660<br>Miami, FL 33176 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>RODRIGUEZ, BARBARA<br>3227 S W 63 AVE<br>MIAMI FL 33155 | ☒ Delete | TD<br>MARIA SALCEDO<br>3021 SW 67 AV<br>MIAMI FL 33155 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>JACOBS, PEGGIE<br>2159 NW 1 COURT<br>MIAMI FL 33127 | ☒ Delete | Secretary/D<br>FRANKIE INGRAM<br>11883 SW 310 Street<br>Miami, FL 33177 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>GARCIA, JEANNETTE<br>4343 W FLAGLER ST #404<br>MIAMI FL 33134 | ☒ Delete | PD<br>Julie Palm<br>1220 NE 153 ST.<br>NMB, FL 33162 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | LS | ☐ Change ☐ Addition |

CR2E037 (5/01)

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 MARIA SALCEDO 9/1/01 (305) 4606100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #