

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # N95000005889

1. Entity Name
TEJADA FAMILY FOUNDATION, INC.



Principal Place of Business
6880 SW 132 ST.
MIAMI, FL 33156

Mailing Address
6880 SW 132 ST.
MIAMI, FL 33156



01192004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
65-0634239

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TEJADA, FRANCISCO
6880 SW 132 STREET
MIAMI, FL 33156-7819

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME TEJADA, JAMES F
STREET ADDRESS 6880 SW 132 ST.
CITY-ST-ZIP MIAMI, FL 33156

TITLE D
NAME TEJADA, BARBARA
STREET ADDRESS 6880 SW 132 ST.
CITY-ST-ZIP MIAMI, FL 33156

TITLE D
NAME FRANK, ANA M
STREET ADDRESS 6880 SW 132 STREET
CITY-ST-ZIP MIAMI, FL 33156

TITLE D
NAME TEJADA, SEMIRAMIS
STREET ADDRESS 6880 SW 132 STREET
CITY-ST-ZIP MIAMI, FL 33156

TITLE D
NAME TEJADA, BARBARA L
STREET ADDRESS 6880 SW 132 STREET
CITY-ST-ZIP MIAMI, FL 33156

TITLE D
NAME TEJADA, FRANCISCO JR
STREET ADDRESS 6880 SW 132 ST
CITY-ST-ZIP MIAMI, FL 33156

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01/28/04-80066-022 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: FRANCISCO TEJADA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANUARY 26, 2004

Date

(305) 251-4540

Daytime Phone #