

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N48676

1. Entity Name

ASOCIACION DE VECINOS DE CATALINA Y SUS BARRIOS.

Principal Place of Business

4024 NW 5 ST
MIAMI FL 33126
US

Mailing Address

4024 NW 5 ST
MIAMI FL 33126
US

2. Principal Place of Business

13741 SW 15 ST
Suite, Apt. #, etc.

3. Mailing Address

13741 S.W. 15 ST
Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami F.

Zip

33184

Country

USA

Zip

33184

Country

USA

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, FELIX
4024 NW 5 ST
MIAMI FL 33126

7. Name and Address of New Registered Agent

Name: Caridad Baiza
Street Address (P.O. Box Number is Not Acceptable):
13741 SW 15 Street
City: Miami FL Zip Code: 33184

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

Registered Agent - 1/25/01
(NOTE: Registered Agent signature required when reinstating)

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

TITLE	P	NAME	ANTONIETA, LIMA MARIA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS			11751 SW 15 ST	
CITY-ST-ZIP			MIAMI FL	
TITLE	VP	NAME	BAIZA, CARIDAD R	<input type="checkbox"/> Delete
STREET ADDRESS			13741 SW 15 ST	
CITY-ST-ZIP			MIAMI FL	
TITLE	S	NAME	ALONSO, RAQUEL	<input type="checkbox"/> Delete
STREET ADDRESS			3700 E 8TH ST	
CITY-ST-ZIP			HIALEAH FL	
TITLE	T	NAME	MORIN, VICTORINO	<input type="checkbox"/> Delete
STREET ADDRESS			9455 WEST FLAGLER, APT 112	
CITY-ST-ZIP			MIAMI FL	
TITLE	TD	NAME	GONZALEZ, FELIX	<input type="checkbox"/> Delete
STREET ADDRESS			4024 NW 5 ST	
CITY-ST-ZIP			MIAMI FL	
TITLE	ID	NAME	OLIVA, ALICIA	<input type="checkbox"/> Delete
STREET ADDRESS			660 E 10 PL	
CITY-ST-ZIP			HIALEAH FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	NAME	MARIA A. Lima-Exposito	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			11751 SW 15 ST	
CITY-ST-ZIP			MIAMI, FL 33184	
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				
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 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] President 1/25/01 (305) 553-3748
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Jun 20, 2001 8:00 am
Secretary of State

01-31-2001 90285 007 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

Attachment
0676

June 11, 2001

Florida Department of State
Division of Corporations
P.O.Box 6327
Tallahassee, Florida 32314

Reference Number: N48676-Asociacion de Vecinos de Catalina y sus Barrios, Inc.

To Whom It may Concern:

According to your request, enclosed please find copy of our (FEI) Number application for your records.

Also, please notice that New Registered Agent and principal mailing address will be:

New Registered Agent:

Caridad R. Baiza

Mailing address & principal place of business

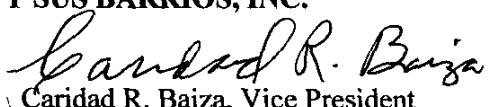
**13741 SW 15th Street
Miami, Florida 33184
USA**

Please, if you need any further information do not hesitate to contact us at the new above stated name and address.

Thank you,

ASOCIACION DE VECINOS DE CATALINA Y SUS BARRIOS, INC.


Maria A. Lima-Exposito, President


Caridad R. Baiza, Vice President
& New Registered Agent.

Attachment 806 TB #N48676

Form **SS-4****Application for Employer Identification Number**

(Rev. April 2000)

Department of the Treasury
Internal Revenue Service(For use by employers, corporations, partnerships, trusts, estates, churches,
government agencies, certain individuals, and others. See instructions.)

► Keep a copy for your records.

EIN

OMB No. 1545-0003

Please type or print clearly.	1 Name of applicant (legal name) (see instructions) Asociación de Vecinos de Catalina y sus Barrios	
	2 Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name
	4a Mailing address (street address) (room, apt., or suite no.) 11751 S. W. 15 Street	5a Business address (if different from address on lines 4a and 4b)
	4b City, state, and ZIP code Miami, Florida 33184	5b City, state, and ZIP code
	6 County and state where principal business is located Miami -Dade	
	7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ► 265-37-7396	
	Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ► Maria A. Lima-Exposito	

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

- | | |
|---|--|
| <input type="checkbox"/> Sole proprietor (SSN) | <input type="checkbox"/> Estate (SSN of decedent) |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Plan administrator (SSN) |
| <input type="checkbox"/> REMIC | <input type="checkbox"/> Other corporation (specify) ► |
| <input type="checkbox"/> State/local government | <input type="checkbox"/> Trust |
| <input type="checkbox"/> Church or church-controlled organization | <input type="checkbox"/> Federal government/military |
| <input checked="" type="checkbox"/> Other nonprofit organization (specify) ► Civic | (enter GEN if applicable) |
| <input type="checkbox"/> Other (specify) ► | |

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State Florida	Foreign country
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9 Reason for applying (Check only one box.) (see instructions)

<input checked="" type="checkbox"/> Started new business (specify type) ► Civic Organization	<input type="checkbox"/> Banking purpose (specify purpose) ►
<input type="checkbox"/> Hired employees (Check the box and see line 12.)	<input type="checkbox"/> Changed type of organization (specify new type) ►
<input type="checkbox"/> Created a pension plan (specify type) ►	<input type="checkbox"/> Purchased going business
	<input type="checkbox"/> Created a trust (specify type) ►
	<input type="checkbox"/> Other (specify) ►

10 Date business started or acquired (month, day, year) (see instructions) **01/01/01**

11 Closing month of accounting year (see instructions) **December**

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions)

Nonagricultural	Agricultural	Household
0	0	0

14 Principal activity (see instructions) ►

15 Is the principal business activity manufacturing? ☐ Yes ☒ No

If "Yes," principal product and raw material used ►

16 To whom are most of the products or services sold? Please check one box.

<input checked="" type="checkbox"/> Public (retail)	<input type="checkbox"/> Business (wholesale)	<input type="checkbox"/> N/A
<input type="checkbox"/> Other (specify) ►		

17a Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☒ No

Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.

Legal name ► **N/A** Trade name ► **N/A**

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year)	City and state where filed	Previous EIN
N/A	N/A	N/A

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code)
(305) 553-3748

Fax telephone number (include area code)
()

Name and title (Please type or print clearly.) ► **Maria A. Lima-Exposito**

Signature ►  Date ►

Note: Do not write below this line. For official use only.

Please leave blank ►	Geo.	Ind.	Class	Size	Reason for applying
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