

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2004 08:00 AM
Secretary of State

DOCUMENT # N48676	
1. Entity Name ASOCIACION DE VECINOS DE CATALINA Y SUS BARRIOS, INC.	

Principal Place of Business 13741 SW 15 ST MIAMI, FL 33184 US	Mailing Address 13741 SW 15 ST MIAMI, FL 33184 US
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DO NOT WRITE IN THIS SPACE



01192004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-1115532	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BAIZA, CARIDAD 13741 SW 15 ST MIAMI, FL 33184

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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 if applicable, (NOTE: Registered Agent signature required when rechartering) 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 NAME STREET ADDRESS CITY ST ZIP	P LIMA-EXPOSITA, MARIA A 11751 SW 15 ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY ST ZIP	VP BAIZA, CARIDAD R 13741 SW 15 ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY ST ZIP	S ALONSO, RAQUEL 3700 E 8TH ST HIALEAH, FL
TITLE NAME STREET ADDRESS CITY ST ZIP	T RODRIGUEZ, LORENZO 2121 N.W. 1 TERRACE MIAMI, FL
TITLE NAME STREET ADDRESS CITY ST ZIP	TD GONZALEZ, FELIX 4024 NW 5 ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY ST ZIP	D OLIVA, ALICIA 660 E 10 PL HIALEAH, FL

000000010477
01/22/04-80033-011 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: *David A. Lima* President 1/19/03 305-553-3748
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR