2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004629

Entity Name: FUNDACION PATRICIA DE AYUDA SOCIAL, HUMANITARIA Y

RELIGIOSA, INC.

FILED Jan 14, 2016 **Secretary of State** CC4718783342

Current Principal Place of Business:

162 NW 29 TH ST MIAMI, FL 33127

Current Mailing Address:

207 E BROAD ST TAMPA, FL 33604 US

FEI Number: 06-1725038 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

FUERTE, ALEJANDRO J 162 NW 29 TH ST MIAMI, FL 33127 US

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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title P/D Title VP/D

Name FUERTE, ALEJANDRO J SR. Name DIAZ, BELKIS MARGARITA

Address 162 NW 29 TH ST Address 207 E BROAD ST City-State-Zip: MIAMI FL 33127 City-State-Zip: TAMPA FL 33604

Title **TREASURER** Title D RABELO, ANNIE Name EVELYN, CONTE-DIAZ SR. Name Address 162 NW 29 TH ST Address 21325 SW. 238 ST

City-State-Zip: HOMESTEAD FL 33031 City-State-Zip: MIAMI FL 33127

Title **DIRECTOR** Title VP/D

Name HERNANDEZ, JULIO CESAR SR. Name GUERRA, JOSE LUIS SR.

Address 60 W 29 ST 3170 SW 8 ST Address

B-209 City-State-Zip: HIALEAH FL 33012

City-State-Zip: MIAMI FL 33135

DIRECTOR Title Title DIRECTOR

Name GONZALES, JORGE Name ALBUERNE, ERNESTO SR.

Address 1559 NW RIVER DREVE DR Address

7806 N ORLEANS AVE

City-State-Zip: MIAMI FL 33125 City-State-Zip: TAMPA FL 33604

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ALEJANDRO J FUERTE

PRESIDENTE

01/14/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title SECRETARY

Name BALDERICH, SEYDA

Address 310 SW 4 AVE
City-State-Zip: MIAMI FL 33184