

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005832

Entity Name: SR. SANTO NINO SINULOG OF MIAMI, INC.**Current Principal Place of Business:**20231 SW 128 COURT
MIAMI, FL 33177**Current Mailing Address:**20231 SW 128 COURT
MIAMI, FL 33177 US**FEI Number:** 20-3015274**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SICSIC, ISABELO
20231 SW 128 COURT
MIAMI, FL 33177 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 DC
Name EBO, MARLON
Address 14703 SW 159 PL
City-State-Zip: MIAMI FL 33196

Title DVC
Name QUINTANA, NIDA
Address 17433SW 143 PL
City-State-Zip: MIAMI FL 33177

Title DS
Name VILLANUEVA, JACQUELINE
Address 7413 SW 158 PL
City-State-Zip: MIAMI FL 33193

Title DT
Name GRANADA, MARCELINA
Address 17307 SW 140 COURT
City-State-Zip: MIAMI FL 33177

Title D
Name SICSIC, AUGUSTUS
Address 20231 SW 128 COURT
City-State-Zip: MIAMI FL 33177

Title PRESIDENT
Name GULAR, JANET
Address 20171 SW 128 COURT
City-State-Zip: MIAMI FL 33177

Title SECRETARY
Name LEE, JANIE
Address 6372 SW 30TH ST
City-State-Zip: MIAMI FL 33155

Title TREASURER
Name AMODIA, NELDA
Address 15523 SW 41 ST
City-State-Zip: MIAMI FL 33185

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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: JACQUELINE VILLANUEVA**SECRETARY****01/21/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title EVENT COORDINATOR
Name HOLLIS, SOCORRO
Address 20211 SW 128 COURTMIAAMI
City-State-Zip: MIAMI FL 33177

Title DIRECTOR
Name BACULI, OPHELIA
Address 15669 NW 12TH RD
City-State-Zip: PEMBROKE PINES FL 33028

Title DIRECTOR
Name MENDOZA, CESAR
Address 6443 SW 166 COURT
City-State-Zip: MIAMI FL 33193

Title DIRECTOR
Name BACULI, NARCISSO
Address 15669 NW 12TH RD.
City-State-Zip: PEMBROKE PINES FL 33028