

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 708904

1. Entity Name

FLAGAMI KHOURY LEAGUE ASSOCIATION, INC.

Principal Place of Business

7200 CORAL WAY  
PO BOX 440534  
MIAMI FL 33144

Mailing Address

7200 CORAL WAY  
PO BOX 440534  
MIAMI FL 33144-0534

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0293655

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RAMOS, JOSE  
8837 N.W. 149 TERR  
MIAMI FL 33016

7. Name and Address of New Registered Agent

Name

LORENA MARTIN

Street Address (P.O. Box Number is Not Acceptable)

7913 SW 157 PLACE

City

Miami

FL

Zip Code

33193

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]* LORENA MARTIN

5/3/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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	PD	<input checked="" type="checkbox"/> Delete
NAME	EMILY ALONSO	
STREET ADDRESS	1650 SW 15TH ST	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	RAMOS, JOSE	
STREET ADDRESS	8827 NW 149 TERR	
CITY-ST-ZIP	MIAMI FL 33016	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	RAMOS, CANDY	
STREET ADDRESS	8837 NW 149TH TERR.	
CITY-ST-ZIP	MIAMI FL 33016	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CALLEIRO, JOSE	
STREET ADDRESS	6240 SW 20 TERR.	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	IDLIO GARCIA	
STREET ADDRESS	725 SW 98 PL CIR	
CITY-ST-ZIP	MIAMI, FL 33174	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LORENA MARTIN	
STREET ADDRESS	7913 SW 157 PL	
CITY-ST-ZIP	MIAMI, FL 33193	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARIA RODRIGUEZ	
STREET ADDRESS	6241 SW 20 ST	
CITY-ST-ZIP	MIAMI, FL 33155	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICARDO GARCIA	
STREET ADDRESS	7913 SW 157 PL	
CITY-ST-ZIP	MIAMI, FL 33193	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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]* LORENA MARTIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/3/00

Daytime Phone #

(305) 445-4535



DO NOT WRITE IN THIS SPACE

CR2EN37 (9/00)