

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 721210

1. Entity Name

ASSOCIATION FOR THE USEFUL AGED, INC.

Principal Place of Business

2190-B S.W. 8TH STREET
MIAMI FL 33135
US

Mailing Address

2190-B S.W. 8TH STREET
MIAMI FL 33135
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1586846

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALONSO, RAMON F
2190-B S.W. 8TH STREET
MIAMI FL 33135

Name

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

City

FL

Zip Code

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, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete
NAME CASTILLO, LUCAS
STREET ADDRESS 453 SW 2ND ST APT. 103
CITY-ST-ZIP MIAMI FL

TITLE PD ☒ Change ☐ Addition
NAME RAMON ALONSO
STREET ADDRESS 2190 B SW 8TH STREET
CITY-ST-ZIP MIAMI FL 33135

TITLE VPD ☐ Delete
NAME WEAD, JANE L
STREET ADDRESS 2190-B S.W. 8TH STREET
CITY-ST-ZIP MIAMI FL 33135

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☒ Delete
NAME RAMON, ALONSO F
STREET ADDRESS 2190-B S.W. 8TH STREET
CITY-ST-ZIP MIAMI FL 33135

TITLE SD ☐ Change ☒ Addition
NAME MAYRA TREVINO
STREET ADDRESS 2190 B SW 8TH STREET
CITY-ST-ZIP MIAMI FL 33135

TITLE TD ☐ Delete
NAME SALAZAR, GRACE
STREET ADDRESS 2190-B S.W. 8TH STREET
CITY-ST-ZIP MIAMI FL 33135

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 of Ramon Alonso

03/26/2001

(305)642-3042

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0001015

CR2E037 (10/00)

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90093 047 ****70.00

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DO NOT WRITE IN THIS SPACE