

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90146 027 ****70.00

DOCUMENT # 721210

1. Entity Name

ASSOCIATION FOR THE USEFUL AGED, INC.



Principal Place of Business

**851 SW 1ST STREET
MIAMI FL 33130
US**

Mailing Address

**851 SW 1ST STREET
MIAMI FL 33130
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

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

**NEW
ADDRESS →**

7. Name and Address of New Registered Agent

Name **ALONSO, RAMON F**

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

321 SW 9 AVENUE APT. 4

City

MIAMI FLORIDA FL

Zip Code

33130

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 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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **ALOUSO, RAMON**
STREET ADDRESS **2190 B SW 8TH ST.**
CITY-ST-ZIP **MIAMI FL 33135**

TITLE **VD** ☐ Delete
NAME **BUIDES, JORGE**
STREET ADDRESS **2331 NW FLAGLER TERRACE**
CITY-ST-ZIP **MIAMI FL 33135**

TITLE **SD** ☐ Delete
NAME **GONZALEZ, CARMEN**
STREET ADDRESS **2046 WEST FLAGLER #303**
CITY-ST-ZIP **MIAMI FL 33135**

TITLE **TD** ☐ Delete
NAME **RIOS, ASELA R**
STREET ADDRESS **1855 NW 15TH AVENUE #1210**
CITY-ST-ZIP **MIAMI FL 33125**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD.** ☐ Change ☐ Addition
NAME **ALONSO RAMON**
STREET ADDRESS **321 SW 9 AVE #4**
CITY-ST-ZIP **MIAMI FL 33130** **(NEW ADDRESS)**

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

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

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

TITLE ☐ Change ☐ Addition
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 no other like empowered.

SIGNATURE: **Ramon Alonso** **02/13/03** **(305) 326 1695**

CR2E037 (10/02)