

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 726699

1. Entity Name

OUR LADY OF THE ANGELS PARISH INC.

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90169 045 \*\*\*\*61.25

Principal Place of Business	Mailing Address
2095 S.W. 1ST STREET MIAMI FL 33135	3403 N.W. 13TH STREET.. APT 3 MIAMI FL 33125-2815 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	P.O. Box 351032
City & State	Suite, Apt. #, etc.

City & State	City & State
Zip	City, Florida
Country	Zip
	33125-1032
	Country
	U.S.A.

4. FEI Number	Applied For
23-7292099	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
GARCIA, ADALBERTO
3403 N.W. 13TH STREET., APT 3
MIAMI FL 33125

7. Name and Address of New Registered Agent
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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete
NAME	GARCIA, ADALBERTO
STREET ADDRESS	3403 N.W. 13TH STREET., APT 3
CITY-ST-ZIP	MIAMI FL 33125
TITLE	S <input type="checkbox"/> Delete
NAME	ROBAIANA-HERRERA, HORTENSIA
STREET ADDRESS	1531 N.W. 29TH CT
CITY-ST-ZIP	MIAMI FL 33135
TITLE	T <input type="checkbox"/> Delete
NAME	HERRERA, ROLANDO H
STREET ADDRESS	1531 N.W. 29TH CT
CITY-ST-ZIP	MIAMI FL 33135
TITLE	VT <input type="checkbox"/> Delete
NAME	FEIJOO, NORA
STREET ADDRESS	2000 SPRINGDALE BLVD., F-315
CITY-ST-ZIP	WEST PALM BEACH FL 33461
TITLE	VT <input type="checkbox"/> Delete
NAME	DIAZ, ROMULO
STREET ADDRESS	3051 N.W. 95TH TERRACE
CITY-ST-ZIP	MIAMI FL 33147
TITLE	VT <input type="checkbox"/> Delete
NAME	GUTIERREZ-GARCIA, MARTHA
STREET ADDRESS	3403 N.W. 13TH STREET., APT 3
CITY-ST-ZIP	MIAMI FL 33125

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBAIANA-HERRERA, HORTENSIA
STREET ADDRESS	1531 N.W. 29th CT
CITY-ST-ZIP	MIAMI, FL 33135
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	
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: Mr. Adalberto Garcia  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
01/09/00 (305) 643-3115  
Date Daytime Phone #

CR2E037 (9/99)