

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

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90111 029 \*\*\*\*61.25

**DOCUMENT # 726699**

1. Entity Name  
**OUR LADY OF THE ANGELS PARISH INC.**



Principal Place of Business  
**555 E 25TH ST., STE. 206-207  
HIALEAH FL 33013**

Mailing Address  
**ATTN: NINFA MOLLEDA  
1005 E. 5TH AVE.  
HIALEAH FL 33010  
US**

**11010772**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **23-7292099**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**MOLLEDA, NINFA M  
1005 E 5TH AVENUE  
HIALEAH FL 33010**

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. 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D**  
NAME **TAMARGO, JOSE** ☒ Delete  
STREET ADDRESS **555 E. 25TH ST., STE. 206-207**  
CITY-ST-ZIP **HIALEAH FL 33013**

TITLE **P**  
NAME **Norberto Machado** ☒ Change ☐ Addition  
STREET ADDRESS **1900 Sunset Harbour Dr. 1503**  
CITY-ST-ZIP **Miami Beach, FL 33139**

TITLE **D**  
NAME **RIBERA, MARIA DEL C** ☒ Delete  
STREET ADDRESS **555 E. 25TH ST., STE. 206-207**  
CITY-ST-ZIP **HIALEAH FL 33013**

TITLE **V**  
NAME **Manuel de Jesus Abilleira** ☒ Change ☐ Addition  
STREET ADDRESS **70 E 7 St #513**  
CITY-ST-ZIP **Hialeah, FL 33010**

TITLE **D**  
NAME **BARRIOS, BARBARA** ☐ Delete  
STREET ADDRESS **555 E. 25 ST., #206-207**  
CITY-ST-ZIP **HIALEAH FL 33013**

TITLE **D**  
NAME **Aene Revert** ☐ Change ☒ Addition  
STREET ADDRESS **19407 NW 82 Ct.**  
CITY-ST-ZIP **Miami, FL 33015**

TITLE **T**  
NAME **Maria J. Mollada** ☐ Delete  
STREET ADDRESS **1005 E 5th Ave.**  
CITY-ST-ZIP **Hialeah, FL 33010**

TITLE **D**  
NAME **Cristina Revert** ☐ Change ☒ Addition  
STREET ADDRESS **19407 NW 82 Ct.**  
CITY-ST-ZIP **Miami, FL 33015**

TITLE **S**  
NAME **Ninfa M. Mollada** ☐ Delete  
STREET ADDRESS **1005 E 5th Ave.**  
CITY-ST-ZIP **Hialeah, FL 33010**

TITLE   
NAME **Ana Lidia Menjiber** ☐ Change ☒ Addition  
STREET ADDRESS **7922 Abbott Ave. #1**  
CITY-ST-ZIP **Miami Beach, FL 33141**

TITLE **D**  
NAME **Raquel Valdes** ☐ Delete  
STREET ADDRESS **2750 W 63 Pl #102**  
CITY-ST-ZIP **Hialeah, FL 33016**

TITLE   
NAME  ☐ Change ☐ Addition  
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: **NINFA M. MOLLEDA**

**4-22-03 305-888-3244**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Phone #

CR2E037 (10/02)