Addition

Addition

FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Feb 01, 2001 8:00 am **Secretary of State** DOCUMENT # 73683.3 02-01-2001 90193 003 ****61.25 The Towers of Westland 4525 W. 20th Ave. P.O. Box 127634 HiAleah, FL, 33012 Hi Hialeah, FL. 33012 Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEL Number Applied For Not Applicable Zip Country Country Zip 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent vera, Lerner. ess (P.O. Box Number is Not Acceptable) 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 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. President Isabel Hernandez Delete TITLE TITLE ш MALE 4500 W. 19 Ct. D531 Hialeah, FL. 33012 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Vice President TILE Delete TITLE Addition NAME NAME Jose L. Dominquez. 4525 W. 20th Ave. C521 Hialeah, FL 33012 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP nne Delete Secretary Addition TITLE Raymond Garaia 1975 W. 44 Ph. A506 HIAleah, FL. 33012 NAME MALLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition TITLE TITLE reasurer

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Fiorida Statutes. I further certify that the information indicated on this report or suppliemental 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.

TITLE

MALE

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Delete

☐ Delete

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-7HP

CITY-ST-ZIP

TITLE

MALAF

NAME

STREET ADDRESS Francisco Callejas CITY-ST-20 1915 W. 44 Pl. A-104

Antonio Sales

4525 W. 20 Ave. C-226 Hinlean, FL. 33012

Director