

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90040 047 ****70.00

00061913

DO NOT WRITE IN THIS SPACE

DOCUMENT # 742637
1. Entity Name
 ALLAPATTAH COMMUNITY ACTION, INC.

Principal Place of Business **Mailing Address**
 2257 N.W. N. RIVER DR.
 Miami, Fl. 33125

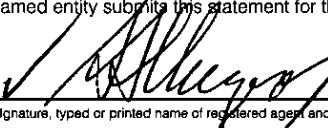
2. Principal Place of Business **3. Mailing Address**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**
Zip **Country** **Zip** **Country**

4. FEI Number
 573/1978 **Applied For**
 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 Anselmo Alliegro
 5520 S.W. 64 ave.
 Miami, Fl. 33135

7. Name and Address of New Registered Agent
Name
 Anselmo Alliegro
Street Address (P.O. Box Number is Not Acceptable)
 1408 Brickell Bay Dr. # 1115
City **FL** **Zip Code**
 MIAMI 33131

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  **DATE**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	PCD	<input type="checkbox"/> Delete
NAME	Ardò Mesa	
STREET ADDRESS	1351 N.E. Miami Gardens Dr.	
CITY-ST-ZIP	N. Miami Beach, Fl. 33179	
TITLE	VCT	<input type="checkbox"/> Delete
NAME	Randy Egues	
STREET ADDRESS	16841 NW 80th Ct.	
CITY-ST-ZIP	Hialeah, Fl. 33016	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	Hiram Gomez	
STREET ADDRESS	4540 SW 68th Ct Circle # 4	
CITY-ST-ZIP	Miami, Fl. 33155	
TITLE	D	<input type="checkbox"/> Delete
NAME	Jesus Carames	
STREET ADDRESS	3630 SW 26 St.	
CITY-ST-ZIP	Miami, Fl.	
TITLE	D	<input type="checkbox"/> Delete
NAME	Douglas utton	
STREET ADDRESS	12550 W. 44th Pl.	
CITY-ST-ZIP	Hialeah, fl.	
TITLE	D	<input type="checkbox"/> Delete
NAME	Ricardo Martines	
STREET ADDRESS	5401 Collins Ave. # 1226	
CITY-ST-ZIP	Miami Beach, Fl. 33140	

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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Jose Enrique Dausa	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	9145 Fountainbleau Blvd. # 8	
STREET ADDRESS	Miami, Fl. 33172	
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:  **Date** **Daytime Phone #**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)