

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

0037679

DOCUMENT # 742637

1. Entity Name

ALLAPATTAH COMMUNITY ACTION, INC.

02-13-2001 90097 001 *****8.75

02-13-2001 90097 002 *****61.25

Principal Place of Business

2257 NW N. RIVER DR.
 MIAMI FL 33125-2241

Mailing Address

2257 NW N. RIVER DR.
 MIAMI FL 33125-2241

40000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2000654

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

ALLIEGRO, ANSELMO
1408 BRICKELL BAY DR., #1115
MIAMI FL 33131

Name

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

1145 SW 23 AVE

MIAMI, FL 33135

City

Zip Code

FL 33135

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.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	CHRM ARDO, MESA <input type="checkbox"/> Delete
STREET ADDRESS	3421 NW 5TH ST 1351 NE MIAMI GARDENS
CITY-ST-ZIP	MIAMI FL 33125 #1025 E. N, Miami, Fl 33179
TITLE NAME	VPT EGUES, RANDY <input type="checkbox"/> Delete
STREET ADDRESS	16841 NW 80TH CT
CITY-ST-ZIP	HIA FL 33016
TITLE NAME	S DAUSA, JOSE ENRIQUE <input type="checkbox"/> Delete
STREET ADDRESS	9145 FOUNTAINBLEAU BLVD. #8
CITY-ST-ZIP	MIAMI FL 33172
TITLE NAME	D CARAME, JESUS A. <input type="checkbox"/> Delete
STREET ADDRESS	3630 SW 26 ST 16841 S.W.147th Ct.
CITY-ST-ZIP	MIAMI FL 33133 Miami, Fl. 33187
TITLE NAME	D DUTTON, DOUGLAS <input type="checkbox"/> Delete
STREET ADDRESS	1350 NW 44TH PLACE #2008 7853 W. 36Ave. #10
CITY-ST-ZIP	MIAMI FL 33142 Hialeah, Fl. 33018
TITLE NAME	D DAUSA, JOSE E <input checked="" type="checkbox"/> Delete
STREET ADDRESS	9145 FOUNTAINBLEAU BLVD. #8
CITY-ST-ZIP	MIAMI FL 33172

TITLE NAME	D ALVARO FAJARDO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	10225 N.W. 56th St.
CITY-ST-ZIP	MIAMI, FL. 33178
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	D RICARDO MARTINEZ <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	15975 S.W. 138th Terr.
CITY-ST-ZIP	Miami, FL 33196

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:

Signature
ADDITION REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/01 305-633-0461

Date

Daytime Phone #

CR2E037 (10/00)