2001 UNIFORM BUSINESS REPORT (UBR)

Apr 13, 2001 8:00 am § Secretary of State **DOCUMENT # 745460** 1. Entity Name MIAMI CHAPTER 121 OF THE COUNCIL FOR EXCEPTIONAL 04-13-2001 90044 046 ****61.25 Principal Place of Business Mailing Address 12051 SW 113 AVE 12051 SW 113 AVE MIAMI FL 33176 MIAMI FL 33176 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number NOT APPLICABLE Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) HOLTZMAN, SYLVAN 1500 SAN REMO AVENUE SUITE 200 Zip Code City CORAL GABLES FL 33146 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. Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. PRESIDENT AND DIRECTOR ALBERTO FERNANDEZ 7901 SW 132 AM ☐ Addition Change **Delete** TITLE PEREZ, MIGUEL NAME NAME STREET ADDRESS 605 S.W. 64 AVE STREET ADDRESS MINNIFL 33/83 CITY-ST-ZIP CITY-ST-ZIF MIAMI FL PAST PRESIDENT AND DIRECTOR D'Change 8600 SW 100 ST. BSTELLE WILD Delete ☐ Addition PD TITLE TITLE **BURIA, THERESA** NAME STREET ADDRESS STREET ADDRESS MINKEL, FC 33156 13432 S.W. 83 AVE. CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33156** سے چھوٹ ہے۔ PD TITLE - --Delete ----NAME WILL GORDILLO 77755W66 STREET MUMAN, FL 38143-3710 WILD, ESTELLE NAME STREET ADDRESS STREET ADDRESS 8600 S.W. 120 ST CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33156 Change Addition Delete TITLE TITLE VICE PRESIDENT + DIRECTOR NAME NAME BROWN, FLO T BARBARA GONCI STREET ADDRESS STREET ADDRESS 16520 NW 1ST ST. 5820 SW 87 WAY CITY-ST-ZIP CITY-ST-ZIP coopen CITY. FL PEMBROKE PINES FL 33006 TITLE ☐ Change ☐ Addition ☐ Delete TITI F NAME NAME WARNER, WES STREET ADDRESS STREET ADDRESS 12051 S.W. 113 AVE. CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE **VPD** NAME NAME FERNANDEZ, ALBERTO STREET ADDRESS STREET ADDRESS 7901 SW 132 AVE CITY-ST-7IP CITY-ST-ZIP **MIAMI FL 33183** 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.

DECEMPED & ley E. Warner 4/3/01 (305)388714