

DOCUMENT # 752900

1. Entity Name

RELIGIOUS OF THE APOSTOLATE OF FLORIDA, INC.

Principal Place of Business

300 N.W. 28TH AVE.
MIAMI FL 33125
US

Mailing Address

300 N.W. 28TH AVE
MIAMI FL 33125-5056
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

DELGADO, MARIA DEL ROSARIO
300 NW 28TH AVE
MIAMI FL 33125

7. Name and Address of New Registered Agent

Name

OFELIA MARIA RASCO

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

300 N.W. 28 AVE.

City MIAMI

FL Zip Code 33125-5056

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

Ofelia M. Rasco, R.A. Ofelia M. Rasco, R.A. Feb. 22, 2000

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GOROSTOLA, MARIA LUISA	
STREET ADDRESS	300 N.W. 28TH AVE	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE	D	<input type="checkbox"/> Delete
NAME	DELGADO, MARIA DEL R.	
STREET ADDRESS	300 N.W. 28TH AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERMUDEZ, FLORINDA	
STREET ADDRESS	300 N.W. 28TH AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OFELIA MARIA RASCO	
STREET ADDRESS	300 N.W. 28 AVE	
CITY-ST-ZIP	MIAMI. FL. 33125-5056	
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		<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:

Sister MARIA DEL ROSARIO DELGADO, R.A. (President)

Date

1-09-2000

Daytime Phone #

1-305-541-1048

FILED
Apr 18, 2000 8:00 am
Secretary of State

01-19-2000 90017 036 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0225746

Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

CR2E037 (9/99)