

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90062 024 ****61.25

DOCUMENT # 752900

1. Entity Name

RELIGIOUS OF THE APOSTOLATE OF FLORIDA, INC.

Principal Place of Business

Mailing Address

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

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

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

65-0225746

Applied For

Not Applicable

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

**RASCO, OFELIA M
 300 NW 28TH AVE
 MIAMI FL 33125-5056**

Name

ALICIA VELAZQUEZ

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

RELIGIOUS OF THE APOSTOLATE OF FLA.

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

Alicia Velazquez, R.A. - **ALICIA VELAZQUEZ, R.A.** -

January 14, 2002
 DATE **JAN 14/02**

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 **D** ☒ Delete
 NAME **RASCO, OFELIA M**
 STREET ADDRESS **300 N.W. 28TH AVE**
 CITY-ST-ZIP **MIAMI FL 33125-5056**

TITLE **D** ☐ Change ☒ Addition
 NAME **ALICIA VELAZQUEZ, R.A.**
 STREET ADDRESS **300 N.W. 28 AVE**
 CITY-ST-ZIP **MIAMI, FL 33125-5056**

TITLE **D** ☐ Delete
 NAME **DELGADO, MARIA DEL R.**
 STREET ADDRESS **300 N.W. 28TH AVE.**
 CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **BERMUDEZ, FLORINDA**
 STREET ADDRESS **300 N.W. 28TH AVE**
 CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
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TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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.

PRESIDENT

SIGNATURE: *Scater M. del Rio* **SCATER M. DEL RIO, R.A.**

1-14-02

1-305-541-1048

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR02037 (02/01)