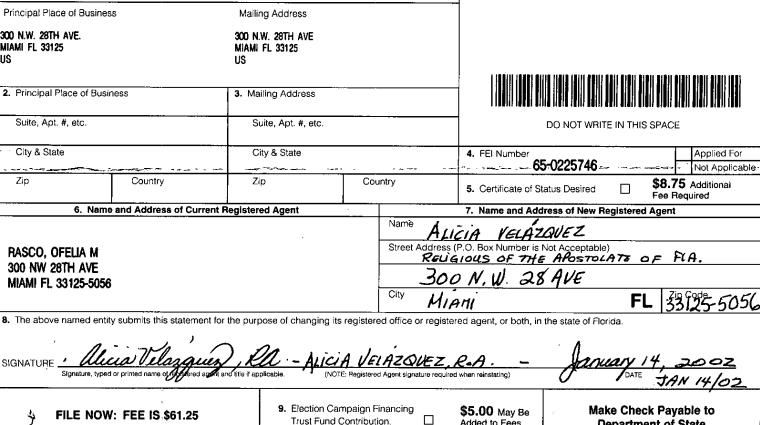
## **2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 752900** RELIGIOUS OF THE APOSTOLATE OF FLORIDA, INC. Principal Place of Business Mailing Address 300 N.W. 28TH AVE. 300 N.W. 28TH AVE MIAMI FL 33125 MIAMI FL 33125 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Zip Country 6. Name and Address of Current Registered Agent Name

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

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

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



| ٤ ـ ـ ـ                               | FILE NOW: FEE IS \$61.25   | Trust Fund Contribution. |  | \$5.00 May Be   Make Check Payable to   Department of State |                      |                                   |             |            |
|---------------------------------------|--|--------------------------|--|---|----------------------|-----------------------------------|-------------|------------|
| 10. 🔩                                 | OFFICERS AND DIRECTORS   |                          | 11.  | ADDITIONS   | S/CHANGE             | S TO OFFICERS AND D               | IRECTORS IN | 10         |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D<br>RASCO, OFELIA M<br>300 N.W. 28TH AVE<br>MIAMI FL 33125-5056 | Delete                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>AliciA<br>300 N<br>Miani, F                            | VELAT<br>W.<br>Z. 33 | ZOVEZ, R.A.<br>28 AUE<br>125-5056 | ☐ Change    | Addition   |
|                                       | D<br>Delgado, Maria del R.<br>300 n.w. 28th ave.<br>Miami fl     | □ Delete                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | · · ·   | <del>-</del> - 5.    |                                   | ☐ Change    | ☐ Addition |
| STREET ADDRESS                        | D<br>Bermudez, Florinda<br>300 n.w. 28th ave<br>Miami Fl         | ☐ Delete                 | TITLE NAME STREET ADDRESS CITY-ST-ZIP          |   |                      |                                   | ☐ Change    | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |  | □ Delete                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |                      |                                   | ☐ Change    | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |  | ☐ Delete                 | TITLE NAME STREET ADDRESS CITY-ST-ZIP          |   |                      |                                   | ☐ Change    | Addition   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |  | ☐ Delete                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |                      |                                   | ☐ Change    | ☐ Addition |

City

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

1-305-541-1048