FILED

03 MAY -2 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F01000004580

1. Entity Name
**ASOCIACION OFICINA DE PROMOCION Y DESAROLLO SOCIAL, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 3465 NW 36TH STREET<br>MIAMI, FL 33166 | P.O BOX 52-7900<br>MIAMI, FL 33152 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number — ☐ 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 |
|---|---|
| ZIRENA, R. GLADYS<br>6465 NW 36TH ST.<br>MIAMI, FL 33166 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
(Signature, type or print name of registered agent and title if applicable) (NOTE: Registered Agent signature required when changing)

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable To: Florida Department of State

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>SILVA, HERNAN B<br>CALLE 80 B #39-24 BARRAQUILLA<br>COLUMBIA, | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition<br>800017914858<br>05/02/03--01091--025 **61.25 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>SIERRA, JUAN<br>CALLE 80 B #39-24 BARRAQUILLA<br>COLUMBIA, | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>CALDERA, ROSMARY<br>CALLE 80B #39-24<br>COLUMBIA, | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>BARRIOS, FIANOR<br>CALLE 80 B #39-24 BARRAQUILLA<br>COLUMBIA, | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | C<br>BARRIOS, MANUEL L<br>EL CARMEN DE BOL<br>TEL 57-56 8600, | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☒ Change ☐ Addition<br>Rafael Gutierrez<br>Cartagena<br>6698902 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VC<br>BARRAZA, GIL<br>AVE. ALFONSO LOPEZ, SINCELEJO<br>TEL 57-52822336, | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E084 (10/02)

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:** _____ 04-23-03
(Signature, title AND typed or printed NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #

gr 5/5