

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90193 022 ****70.00

DOCUMENT # N00000000769

1. Entity Name

**CATHOLIC ASSOCIATION - VENGATU REINO CORPORATIO
N**

Principal Place of Business

Mailing Address

**9463 SW 123 AVE./CT.
MIAMI FL 33186**

**9463 SW 123 AVE./CT.
MIAMI FL 33186**

2. Principal Place of Business

9430 SW 123 CT

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

33186

USA

Country

4. FEI Number

65-0996799

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HENRY, DARRYL M
7270 NW 12TH ST., STE. 876
MIAMI FL 33126**

Name

Gomez, Blanca

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

9430 S.W. 123 CT

City

Miami

FL

Zip Code

33186

7. Name and Address of New Registered Agent

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

Signature of person named in registered name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

April 22/02

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	HIDALGO, PAULA SISTER	
STREET ADDRESS	APARTDO 67	
CITY-ST-ZIP	LEON NICARAGUA	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GOMEZ, BLANCA	
STREET ADDRESS	9430 SW 123RD COURT	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	SHEDD, ROSE M	
STREET ADDRESS	9463 SW 123 AV./CT.	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HENRY, DARRYL M	
STREET ADDRESS	7270 NW 12TH ST., STE. 876	
CITY-ST-ZIP	MIAMI FL 33126	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	9430 SW. 123 CT.	
CITY-ST-ZIP	Miami, FL 33186	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	P.O. Box 835177	
CITY-ST-ZIP	Miami, FL 33283-5177	
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **April 22/02** Daytime Phone # **(305) 273-9980**

CR2E037 (9/01)