

2001 UNIFORM BUSINESS REPORT (ÜBR)

3/1

FILED
May 22, 2001 8:00 am
Secretary of State

03-16-2001 90025 035 ****70.00

DOCUMENT # N00000001076

1. Entity Name

MISION AMOR Y ESPERANZA, INC.

Principal Place of Business

Mailing Address

6331 S.W. 21 ST., STE. #2
 MIRAMAR FL 33023

6331 S.W. 21 ST., STE. #2
 MIRAMAR FL 33023

2. Principal Place of Business

6122 S.W. 34 ST. APT. 2

3. Mailing Address

6122 S.W. 34 ST. APT. 2

Suite, Apt. #, etc.

MIRAMAR, FL.

Suite, Apt. #, etc.

MIRAMAR, FL.

City & State

City & State

4. FEI Number

NA

Applied For

Not Applicable

Zip

33023

Country

Zip

33023

Country

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

SANTOS, JOSE L

2716 POLK ST.

HOLLYWOOD FL 33020

Name

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

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
 NAME **P**
 STREET ADDRESS **ANTONIO, JULIANA**
 CITY-ST-ZIP **6331 S.W. 21 ST., STE. #2**
MIRAMAR FL 33023 **"D"** ☐ Delete

TITLE
 NAME **ANTONIO, JULIANA** ☒ Change ☐ Addition
 STREET ADDRESS **6122 S.W. 34 ST. APT. 2** **(ADDRESS)**
 CITY-ST-ZIP **MIRAMAR, FL. 33023**

TITLE
 NAME **V**
 STREET ADDRESS **ANTONIO, FELIPE**
 CITY-ST-ZIP **6331 S.W. 21 ST., STE. #2**
MIRAMAR FL 33023 **"T"** ☐ Delete

TITLE
 NAME **ANTONIO, FELIPE** ☒ Change ☐ Addition
 STREET ADDRESS **6122 S.W. 34 ST. APT. 2** **(ADDRESS)**
 CITY-ST-ZIP **MIRAMAR, FL. 33023**

TITLE
 NAME **ST**
 STREET ADDRESS **ANTONIO, JOSUE**
 CITY-ST-ZIP **6331 S.W. 21 ST., STE. #2**
MIRAMAR FL 33023 **"T"** ☐ Delete

TITLE
 NAME **ANTONIO, JOSUE** ☒ Change ☐ Addition
 STREET ADDRESS **6122 S.W. 34 ST. APT. 2** **(ADDRESS)**
 CITY-ST-ZIP **MIRAMAR, FL. 33023**

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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

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 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 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

3/14/01

Date

954-963-9123

Daytime Phone #

CR2E037 (10/00)