

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000002992

1. Entity Name

RAQFAM FOUNDATION, INC.

FILED

Jun 20, 2002 8:00 am

Secretary of State

06-20-2002 90057 002 \*\*\*\*61.25

Principal Place of Business

17380 NW 69TH CT NO 203  
MIAMI LAKES FL 33015

Mailing Address

17380 NW 69TH CT NO 203  
MIAMI LAKES FL 33015

2. Principal Place of Business

2510 W 56 Street

3. Mailing Address

2510 W 56 Street

Suite, Apt. #, etc.

2116

Suite, Apt. #, etc.

2116

City & State

Hialeah FL

City & State

Hialeah FL

Zip

33016

Country

USA

Zip

33016

Country

USA

4. FEI Number

65-1028534

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SANCHEZ, IRWING

17380 NW 69TH CT NO 203  
MIAMI LAKES FL 33015

7. Name and Address of New Registered Agent

Name Sanchez, Irwing

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

2510 W 56 Street N° 2116

City Hialeah

FL

Zip Code

33016

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.

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\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME SANCHEZ, IRWING  
STREET ADDRESS 17380 NW 69TH CT NO 203  
CITY-ST-ZIP MIAMI LAKES FL 33015

☐ Delete

TITLE TD  
NAME SANCHEZ, ADALBERTO  
STREET ADDRESS 17380 NW 69TH CT NO 203  
CITY-ST-ZIP MIAMI LAKES FL 33015

☐ Delete

TITLE SD  
NAME BRINGAS, GISELA  
STREET ADDRESS 17380 NW 69TH CT NO 203  
CITY-ST-ZIP MIAMI LAKES FL 33015

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME Sanchez, Irwing  
STREET ADDRESS 2510 W 56 Street # 2116  
CITY-ST-ZIP Hialeah, FL 33016

☒ Change ☐ Addition

TITLE TD  
NAME Sanchez, Adalberto  
STREET ADDRESS 2510 W 56 Street # 2116  
CITY-ST-ZIP Hialeah, FL 33016

☒ Change ☐ Addition

TITLE D  
NAME Brielena Martinez  
STREET ADDRESS 2510 W 56 Street # 2116  
CITY-ST-ZIP Hialeah, FL 33016

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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 partnership or trustee empowered to execute this report as required by Chapter 817, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attached sheet with an address, with all other like empowered.

SIGNATURE

SIGNATURE REQUIRED

3-11-02 (305) 456-3056

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State

Attachment  
Document #  
N00000002992

870200

May 30, 2002

RAQFAM FOUNDATION, INC.  
2510 W 56 ST  
2116  
HIALEAH, FL 33016

Subject: **RAQFAM FOUNDATION, INC.**

Reference Number: **N00000002992**

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Florida nonprofit corporations are required to have at least 3 directors or trustees. Please place the letter "D" or "T" beside the names and business addresses of each director or trustee.

Please sign and return your check submitted with the annual report/uniform business report.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/sm

ANNUAL REPORTS SECTION