

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N00000004626**

1. Entity Name

MISION ESPERANZA INCORPORATED

Principal Place of Business

Mailing Address

**6375 W FLAGLER ST
MIAMI FL 33144****6375 W FLAGLER ST
MIAMI FL 33144**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

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****BENITEZ, JUAN
8513 SW 163 COURT
MIAMI FL 33193**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 \$61.259. 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	D	<input type="checkbox"/> Delete
NAME	GALLARDO, LENIER L REV.DR.	
STREET ADDRESS	6375 W. FLAGLER STREET	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE	D	<input type="checkbox"/> Delete
NAME	BENITEZ, JUAN	
STREET ADDRESS	8513 SW 163 CT	
CITY-ST-ZIP	MIAMI FL 33193	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUNKER, JUDITH	
STREET ADDRESS	160201 SW 95TH AVENUE, SUITE 101	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARTAYA, ROSA	
STREET ADDRESS	2880 WEST FLAGLER STREET	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VAZQUEZ, JORGE I	
STREET ADDRESS	4921 SW 87 PLACE	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE	D	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, RAFAEL	
STREET ADDRESS	10967 BIRD ROAD	
CITY-ST-ZIP	MIAMI FL 33165	

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		
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		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/17/02 (305) 380-7221

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90083 019 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)