

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000004695

1. Entity Name

CONCERNED CITIZENS OF CENTRAL DADE, INC.

FILED

May 28, 2002 8:00 am
Secretary of State

05-28-2002 91631 012 ****61.25

Principal Place of Business

Mailing Address

8862 SW 4TH LANE
MIAMI FL 33174

8862 SW 4TH LANE
MIAMI FL 33174

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1048824

Applied For

Not Applicable

Zip

Country

Zip

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

ALVAREZ, NICOLAS F
8862 SW 4TH LANE
MIAMI FL 33174

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 ☐ Delete
NAME D
STREET ADDRESS ALVARES, JOSE
CITY-ST-ZIP 12837 SW 67 TERR.
MIAMI FL 33183

TITLE ☐ Change ☐ Addition
NAME D ALVAREZ, JOSE
STREET ADDRESS SAME
CITY-ST-ZIP SAME
Correction
LAST name

TITLE ☐ Delete
NAME D
STREET ADDRESS ALVAREZ, NICOLAS
CITY-ST-ZIP 8862 SW 4 LANE
MIAMI FL 33174

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

TITLE ☐ Delete
NAME D
STREET ADDRESS CABALLERO, GUILLERMO
CITY-ST-ZIP 618 SW 87 PLACE
MIAMI FL 33174

TITLE ☐ Change ☐ Addition
NAME D Caballero, ALfredo
STREET ADDRESS
CITY-ST-ZIP
Correction
FIRST name

TITLE ☐ Delete
NAME D
STREET ADDRESS VALENCIA, GUILLERMO
CITY-ST-ZIP 403 SW 89 PLACE
MIAMI FL 33174

TITLE ☐ Change ☐ Addition
NAME D VALencia, Guillermo
STREET ADDRESS
CITY-ST-ZIP
Correction
LAST name

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

NICOLAS F ALVAREZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/02

305-968-0454

Date

Daytime Phone #

CR2E037 (9/01)