

2001 UNIFORM BUSINESS REPORT (UBR)

1/20/01

FILED
Feb 08, 2001 8:00 am
Secretary of State

01-20-2001 90016 018 ****61.25

DOCUMENT # N00000004739

1. Entity Name

CENTRO DE PREVENCION Y EDUCACION CORAZONES UNIDO

Principal Place of Business

**10130 SW 145TH PL
MIAMI FL 33186-2843**

Mailing Address

**10130 SW 145TH PL
MIAMI FL 33186-2843**

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

65-1025554

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

**ACEVEDO, SIXTO R
10130 SW 145TH PL
MIAMI FL 33186-2843**

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**P
ACEVEDO, SIXTO R
10130 SW 145TH PL
MIAMI FL 33186-2843** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**V
MARTINEZ, ALFONSO
10130 SW 145TH PL
MIAMI FL 33186-2843** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**S
REYES, RAFAEL
10130 SW 145TH PL
MIAMI FL 33186-2843** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**T
DE REYES, DULCE MC LAIN
10130 SW 145TH PL
MIAMI FL 33186-2843** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY- ST- ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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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: **K** **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-09-00

Date

(305) 385-5451

Daytime Phone #

CR2E037 (10/00)