

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State
 05-08-2002 90057 029 ****61.25

DOCUMENT # N000000004739

1. Entity Name

**CENTRO DE PREVENCION Y EDUCACION CORAZONES UNIDO
 S H.I.V/SIDA, INC.**

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

1688 SW 22ND ST

3. Mailing Address

1688 SW 22ND ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami

City & State

Miami FL

4. FEI Number

65-1025556

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **Sixto R. Acevedo**

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

1688 SW 22ND Street

City

Miami

FL

Zip Code

33145

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

04-20-02

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

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

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

TITLE **TT** ☒ Delete
 NAME **DE-REYES, DULCE MCCLAIN**
 STREET ADDRESS **10130 SW 145TH PL**
 CITY-ST-ZIP **MIAMI FL 33186-2843**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Sixto R. Acevedo PD** ☐ Change ☒ Addition
 NAME
 STREET ADDRESS **1688 SW 22 street**
 CITY-ST-ZIP **Miami, FL 33145**

TITLE **VT** ☐ Change ☒ Addition
 NAME **Emna Mendez de Burea**
 STREET ADDRESS **1038 Brickell Avenue**
 CITY-ST-ZIP **Miami, FL 33131**

TITLE **ST** ☐ Change ☒ Addition
 NAME **Jolia Acevedo**
 STREET ADDRESS **1325 West 68 St 512**
 CITY-ST-ZIP **Miaheah, FL 33014**

TITLE **TT** ☐ Change ☒ Addition
 NAME **Yamatays Perez**
 STREET ADDRESS **1688 SW 22 street**
 CITY-ST-ZIP **Miami, FL 33145**

TITLE ☐ Change ☐ Addition
 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: **x**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-20-02

(305) 898-6991

CR2E037 (9/01)