

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

0001917

DOCUMENT # N00000006375

1. Entity Name

FREE THE OPPRESSED FOUNDATION, INC.

05-02-2001 90189 026 ****61.25

Principal Place of Business

1607 PONCE DE LEON BLVD., #101
 CORAL GABLES FL 33134

Mailing Address

1607 PONCE DE LEON BLVD., #101
 CORAL GABLES FL 33134

CU058156



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

250 GIRALDA AVENUE
 Suite, Apt. #, etc.
CORAL GABLES, FL
 City & State

3. Mailing Address

250 GIRALDA AVENUE
 Suite, Apt. #, etc.
CORAL GABLES, FL
 City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

NUNEZ, ALEJANDRO ESQ.
 1607 PONCE DE LEON BLVD., #101
 CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name **NUNEZ, ALEJANDRO ESQ**
 Street Address (P.O. Box Number is Not Acceptable)
250 GIRALDA AVENUE
 City **CORAL GABLES** FL Zip Code **33134**

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

ALEJANDRO NUNEZ

(NOTE: Registered Agent signature required when reinstating)

DATE

4-26-01

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 **HUGHES, JIMMY**
 STREET ADDRESS **1607 PONCE DE LEON BLVD., #101**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **VPD** ☐ Delete
 NAME **HUGHES, JESSICA**
 STREET ADDRESS **1607 PONCE DE LEON BLVD., #101**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **SD** ☐ Delete
 NAME **NUNEZ, ALEJANDRO**
 STREET ADDRESS **1607 PONCE DE LEON BLVD., #101**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **D** ☐ Delete
 NAME **BERMELLO, WILLY**
 STREET ADDRESS **2601 S. BAYSHORE DR.**
 CITY-ST-ZIP **MIAMI FL 33133**

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 **PD** ☒ Change ☐ Addition
 NAME **HUGHES, Jimmy**
 STREET ADDRESS **250 GIRALDA AVENUE**
 CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE **VPD** ☒ Change ☐ Addition
 NAME **HUGHES, JESSICA**
 STREET ADDRESS **250 GIRALDA AVENUE**
 CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE **SD** ☒ Change ☐ Addition
 NAME **NUNEZ, ALEJANDRO**
 STREET ADDRESS **250 GIRALDA AVENUE**
 CITY-ST-ZIP **CORAL GABLES, FL 33134**

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

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: **Jimmy Hughes**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-26-01 305-7746222

CR2E037 (10/00)