2001 UNIFORM BUSINESS REPORT (UBR)

4/17

FILED
May 18, 2001 8:00 am
Secretary of State
04-17-2001 90021 004 ****61.25

DOCUMENT # N 00000007799

1. Entity Name
INNER-CITY CHARITIES OF MIAMI, INC.

Principal Place of Business
P.O. BOX 591193
MIAMI. FL. 33159

Mailing Address
P.O. BOX 591193
MIAMI. FL. 33159

[redacted]

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1056964 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
TUPACYUPANQUI, LUIS I.
1515 SAN REMO AVE. #C-5
MIAMI, FL. 33146

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable) 972 N.W. 106 AVE. CIRCLE
City FOUNTAINEBLEAU FL Zip Code 33172

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 Luis Tupacyupanqui — DATE 03/29/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	P CHAIRMAN ☐ Delete
NAME	TUPACYUPANQUI, LUIS I. D
STREET ADDRESS	P.O. BOX 591193
CITY-ST-ZIP	MIAMI, FL. 33159
TITLE	TREASURER ☐ Delete
NAME	FROMETA, JEANKARLOS D
STREET ADDRESS	P.O. BOX 591193
CITY-ST-ZIP	MIAMI FL. 33159
TITLE	SECRETARY ☐ Delete
NAME	TUPACYUPANQUI, ALBA D
STREET ADDRESS	P.O. BOX 591193
CITY-ST-ZIP	MIAMI, FL. 33159
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E037 (11/00)

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: Luis Tupacyupanqui — 03/29/01 — 786 261-8266
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #