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

[redacted]

2. Principal Place of Business	3. Mailing Address	DO NOT WRITE IN THIS SPACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	4. FEI Number 65-1056964 ☐ 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
TUPACYUPANQUI, LUIS I. 1515 SAN REMO AVE. #C-5 MIAMI, FL. 33146	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 03/29/01
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P CHAIRMAN TUPACYUPANQUI, LUIS I. D P.O. BOX 591193 MIAMI, FL. 33159 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER FROMETA, JEANKARLOS D P.O. BOX 591193 MIAMI FL. 33159 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY TUPACYUPANQUI, ALBA D P.O. BOX 591193 MIAMI, FL. 33159 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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 #