

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90372 045 *****61.25

DOCUMENT # N00000008323

1. Entity Name

UNIDOS A JESUS CORPORATION



Principal Place of Business

**7420 SUNSET DR
MIAMI FL 33143**

Mailing Address

**7420 SUNSET DR
MIAMI FL 33143**

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 **65-1081750**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ALVAREZ, ELSA
7420 SUNSET DR
MIAMI FL 33143**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **ALVAREZ, ELSA**
STREET ADDRESS **7420 SUNSET DR**
CITY-ST-ZIP **MIAMI FL 33143**

TITLE **TD** ☐ Delete
NAME **GONZALEZ, CARIDAD T**
STREET ADDRESS **1550 MADRUGA AVE #100**
CITY-ST-ZIP **CORAL GABLES FL 33143**

TITLE **DV** ☐ Delete
NAME **GAVIRJA, ELSIE**
STREET ADDRESS **7311 SW 62 STREET**
CITY-ST-ZIP **MIAMI FL 33143**

TITLE **SD** ☒ Delete
NAME **QUEVEDO, ANA H**
STREET ADDRESS **14332 SW 51 ST**
CITY-ST-ZIP **MIAMI FL 33175**

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 **SECRETARY/DIRECTOR** ☐ Change ☒ Addition
NAME **RAMOS, MARIA**
STREET ADDRESS **10975 SW 69 AVE RD.**
CITY-ST-ZIP **Pinecrest, FL 33156**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **MARTINEZ, MARIA ESTHER**
STREET ADDRESS **9664 SW 148 CT**
CITY-ST-ZIP **MIAMI FL 33196**

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

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:

SIGNATURE REQUIRED

4-4-03 (305)662-0924

CR2E037 (10/02)