

FILED
May 13, 2003 8:00 am
Secretary of State

05-13-2003 90051 038 ****61.25

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

DOCUMENT # N01000001482

1. Entity Name

SAN-FERNANDO BOYS & ASSOCIATES, INC.

90133663

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10487 SW 216 STREET

3. Mailing Address

10487 SW 216 STREET

Suite, Apt. #, etc.

#105

Suite, Apt. #, etc.

#105

DO NOT WRITE IN THIS SPACE

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-1081557

Applied For

Not Applicable

Zip

33190

Country

Zip

33190

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name LUTHER PETERS

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

10487 S W 216 STREET #105

City MIAMI

FL

Zip Code
33190

**DO NOT WRITE
IN THIS SPACE**

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

FEE IS \$61.25
Initial or Amended UBR

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 NAME STREET ADDRESS CITY- ST- ZIP	PD LUTHER PETERS 10487 SW 216THST., MIAMI FL 33190
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD PATRICIA SINGH 11101 SW 197TH ST BLDG 6 #107-MIAMI-FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD DEBRA FABIO 11115 SW 134TH CT., MIAMI FL 33186
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Debra Fabio*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DEBRA FABIO

5/5/03

Date

(786) 586 - 2036

Daytime Phone #

CR2E037B (12/01)