

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

4/30/2004-90293-024-\$150.00-\$150.00

DOCUMENT # N01000008878

1. Entity Name
MIAMI MINORITY HEALTH CENTER, INC.



FILED
May 24, 2004 8:00 A.M.
Secretary of State

Principal Place of Business
868 SW 1ST STREET
MIAMI, FL 33130

Mailing Address
868 SW 1ST STREET
MIAMI, FL 33130



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04262004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
02-0629468

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

ESCALONA, MARIA
868 SW 1ST STREET
MIAMI, FL 33130

Name
ESCALONA, MARIA
Street Address (P.O. Box Number is Not Acceptable)
1019 SW 13th St
City MIAMI FL Zip Code 33129

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

Filing Fee is \$61.25
Due by May 1, 2004

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME ESCALONA, MARTA ☐ Delete
STREET ADDRESS 868 SW 1ST STREET
CITY-ST-ZIP MIAMI, FL 33130

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

TITLE VPD
NAME BOLTRAN, LUIS ☐ Delete
STREET ADDRESS 868 SW 1ST STREET
CITY-ST-ZIP MIAMI, FL 33130

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

TITLE S
NAME SAGO, ODELAISIS ☐ Delete
STREET ADDRESS 868 SW 1ST STREET
CITY-ST-ZIP MIAMI, FL 33130

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

TITLE M
NAME FRAISER, EUTALA ☐ Delete
STREET ADDRESS 868 SW 1ST STREET
CITY-ST-ZIP MIAMI, FL 33130

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

TITLE M
NAME JIMENO, ADAN ☐ Delete
STREET ADDRESS 868 SW 1ST STREET
CITY-ST-ZIP MIAMI, FL 33130

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

TITLE ☐ Delete
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/04

SAW