

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

04-29-2002 90086 030 ****70.00

N02000001157

FILED

02 MAY -3 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

640169

DOCUMENT # *N02000001157*

1. Entity Name

ALIANZA FRATERNAL JOSE MARTI, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

125 NW 15 AVE

Suite, Apt. #, etc.

MIAMI

City & State

MIAMI, FL

Zip

#33125

Country

MIAMI DADE

3. Mailing Address

444 SW 64 CT

Suite, Apt. #, etc.

MIAMI

City & State

MIAMI, FL

Zip

33144

Country

MIAMI DADE

DO NOT WRITE IN THIS SPACE

4. FEI Number

01-0602080

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

MIRIAM E. QUIROS

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

444 SW 64 CT

City

MIAMI

FL

Zip Code

33144

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

Miriam E. Quiros (Miriam E. Quiros)

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 PD
NAME MARIA LUISA ABREU
STREET ADDRESS 4610 NW 7 ST
CITY-ST-ZIP MIAMI, FL. 33126

TITLE SD
NAME MIRIAM E. QUIROS
STREET ADDRESS 444 SW 64 ST
CITY-ST-ZIP MIAMI, FL. 33144

TITLE TD
NAME MIRIAM F. QUIROS_LASO
STREET ADDRESS 444 SW 64 CT
CITY-ST-ZIP MIAMI, FL. 33144

TITLE d
NAME GARDENIA ARTEAGA
STREET ADDRESS 6825 w. flagler st
CITY-ST-ZIP MIAMI, FL. 33144

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**DO NOT WRITE
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)(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 on an attachment with an address with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/02

Date

Daytime Phone #

CR2E037B (12/01)