

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

FILED
Jun 18, 2003 8:00 am
Secretary of State

04-17-2003 90616 011 ****61.25
06-18-2003 90023 006 ****61.25

DOCUMENT # N02000002976

1. Entity Name
A.H.O.R.A., INC.



Principal Place of Business

21 FRAIZER ST
LA BELLE FL 33975

Mailing Address

P.O. BOX 2424
LABELLE FL 33975

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

01-0712425

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

LUCKEY, OWEN L JR
90 HOWE AVE
LABELLE FL 33975

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]*

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	DP	<input type="checkbox"/> Delete
NAME	DELGADO, AYLVA	
STREET ADDRESS	21 FRAIZER ST	
CITY-ST-ZIP	LA BELLE FL 33975	
TITLE	DT	<input type="checkbox"/> Delete
NAME	MARTINEZ, MARY A	
STREET ADDRESS	21 FRAIZER ST	
CITY-ST-ZIP	LA BELLE FL 33975	
TITLE	DS	<input type="checkbox"/> Delete
NAME	ESQUIVEL, PETRA	
STREET ADDRESS	21 FRAIZER ST	
CITY-ST-ZIP	LA BELLE FL 33975	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

*Correct
Spelling
& Address*

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DELGADO, SYLVIA	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	209 OKLAHOMA AVE	
STREET ADDRESS	LA BELLE FL 33975	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]*

4-14-03 863-674-1344

CR2E037 (10/02)