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NONPROFIT CORPORATION ANNUAL REPORT	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N02000003224 1. Corporation Name Friends of the Miami-Dade Local Branch, Inc.

FILED

04 APR 21 PM 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0304

Principal Place of Business	Mailing Address
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2. Principal Place of Business 21 90 N.E. STREET Suite, Apt. #, etc. 22 City & State 23 MIAMI SHORES FL Zip 24 33138	2a. Mailing Address 26 90 N.E. STREET Suite, Apt. #, etc. 27 City & State 28 MIAMI SHORES FL Zip 29 33138
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3. Date Incorporated or Qualified 4/30/2002	3a. Date of Last Report N/A
4. FEI Number 43-1991197	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent Roland Sanchez-Medina Jr. The Colonnade, Suite 302 2333 Ponce de Leon Blvd. Coral Gables, FL 33131
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10. Name and Address of New Registered Agent 81 Name 82 STATE Box Number is Not Acceptable 83 300035777873 05/07/04--01085--001 **122.50 84 City 85 Zip Code FL

11. Pursuant to the provisions of Sections 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0503, Florida Statutes. SIGNATURE <u>Roland Sanchez-Medina</u> by <u>E.S. Davila</u> as attorney-in-fact 4/14/04 Signature, typed or printed name of registered agent and title of applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D Adora Obi Nweze ☐ Change ☒ Addition 90 N.E. STREET MIAMI SHORES, FL 33138
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D William D. Talbert III ☐ Change ☒ Addition 90 N.E. STREET MIAMI SHORES, FL 33138
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	D The Honorable Alex Penelas ☐ Change ☒ Addition 90 N.E. STREET MIAMI SHORES, FL 33138
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

14. I do 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or on attachment with an address. SIGNATURE <u>E.S. Davila</u> as attorney-in-fact 4/14/04 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dattime Phone #

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Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Re: Friends of the Miami-Dade Local Branch, Inc.

Enclosed are the following:

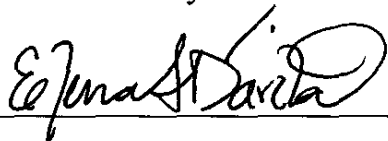
1. Uniform Business Report for the company referenced above.
2. \$122.50 check payable to Florida Department of State

We never received the Uniform Business Report for the following year(s) that should have been mailed to us:

2003

Please waive the late filing fee and treat the company as never being administratively dissolved. Thank you.

By: _____



Name: Elena S. Davila

Title: Authorized Person

Date: 4/14/04