

FILED
Jul 21, 2003 8:00 am
Secretary of State

03-17-2003 90369 002 ****61.25
03-17-2003 90369 001 *****8.75

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

DOCUMENT # N02000003251

1. Entity Name
ADORADORES UNIDOS INC.

Principal Place of Business
3719 IDA WAY
WEST PALM BEACH FL 33415

Mailing Address
P.O. BOX 99999
CORAL GABLES FL 33224

2. Principal Place of Business
20875 NW 3rd Lane
State, Apt. #, etc.

3. Mailing Address
P.O. BOX 297574
State, Apt. #, etc.

City & State
Pembroke Pines, FL
Zip
33029
Country
USA

City & State
Florida Pembroke Pines
Zip
33029
Country
USA

4. FEI Number
13-4204037-

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ARMENTANO, SILVANA T.
3719 IDA WAY
WEST PALM BEACH FL 33415

7. Name and Address of New Registered Agent
ARMENTANO, SILVANA T.
20875 NW 3rd Lane
Pembroke Pines FL 33029

8. The undersigned hereby certifies that the information furnished for the purpose of changing its registered office or registered agent, or both, in the State of Florida, is true and correct, and I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* SILVANA ARMENTANO VICE Jan 14 2003

FILE NOW. FEE IS \$81.25

9. Section Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fee

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

1. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PEREZ, DANIEL J
3719 IDA WAY
WEST PALM BEACH FL 33415

2. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DANIEL PEREZ, T
20875 NW 3rd Lane
Pembroke Pines, FL 33029

3. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ARMENTANO, SILVANA T
P.O. BOX 99999
CORAL GABLES FL 33224

4. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SILVANA Armentano
P.O. BOX 297574
Pembroke Pines, FL 33029

5. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

7. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
LITA ARMENTANO
BUENOS AIRES 2183/85
VILLA URQUIZA CAPITAL ARGENTINA

8. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
LITA ARMENTANO
P.O. BOX 348433
CORAL GABLES FL 33234

9. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

10. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 checked, or on an endorsement filed on this report, with an acceptable explanation.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED Jan 14 2003 205-968-6180

ATTACHMENT 44005538
[REDACTED]
NO 2000803251

Director

1) President: Daniel Perez, J

20875 NW 3rd Lane
Pembroke Pines, Florida 33029

Director

2) Vice President: Silvana Armentano, T

P.O. Box 297574
Pembroke Pines Florida 33029

3) Director: Rita Armentano
P.O. Box 348433
Coral Gables Florida 33234-8433

