

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

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

0009053

DOCUMENT # NO2000004801

1. Entity Name

LOVE MISSION FOUNDATION, CORP.



Principal Place of Business

**74 NE 202 TERRACE #P-10
NORTH MIAMI BEACH FL 33179**

Mailing Address

**74 NE 202 TERRACE #P-10
NORTH MIAMI BEACH FL 33179**

2. Principal Place of Business

75 N.E. 202 TERRACE

3. Mailing Address

75 N.E. 202 TERRACE

Suite, Apt. #, etc.

p-10

Suite, Apt. #, etc.

p-10

City & State

NORTH MIAMI BEACH, FL.

City & State

NORTH MIAMI BEACH, FL.

4. FEI Number

41-2047170

Applied For

Not Applicable

Zip

33179

Country

USA.

Zip

33179

Country

USA.

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

6. Name and Address of Current Registered Agent

AGUILAR, JOSE A

75 NE 202 TERRACE #P-10

NORTH MIAMI BEACH FL 33179

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, 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
After September 10, 2003, min will be \$236.25**

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	P	<input type="checkbox"/> Delete
NAME	AGUILAR, JOSE A	
STREET ADDRESS	75 NE 202 TERRACE #P-10	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	
TITLE	V	<input type="checkbox"/> Delete
NAME	AGUILAR, MILVIA W	
STREET ADDRESS	1270 NE 105 STREET #15	
CITY-ST-ZIP	MIAMI SHORES FL 33138	
TITLE	S	<input type="checkbox"/> Delete
NAME	VELASQUEZ, MARGARITA G	
STREET ADDRESS	2145 PIERCE STREET #106	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	T	<input type="checkbox"/> Delete
NAME	AGUILAR, MILVIA	
STREET ADDRESS	75 NE 202 TERRACE #P-10	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	
TITLE	S	<input type="checkbox"/> Delete
NAME	RIVERA, RITA M	
STREET ADDRESS	1228 NW 4 STREET #9	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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: **JOSE A AGUILAR**

7-18-03 (305) 654-9859

CR2E037 (4/03)