

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

FILED
Jul 31, 2003 8:00 am
Secretary of State

07-31-2003 90068 040 ****61.25

0010908

DOCUMENT # N02000004899

1. Entity Name

ASOCIACION AYUDA A UN NINO INC.



Principal Place of Business

**9980 CENTRAL PARK BLVD. - NORTH, SUITE 212
BOCA RATON FL 33428**

Mailing Address

**9980 CENTRAL PARK BLVD. - NORTH, SUITE 212
BOCA RATON FL 33428**

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

98-0382408

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATE CREATIONS NETWORK, INC.
941 FOURTH STREET #200
MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent

Name **ROARK RONALD MONAHAN**

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

9980 CENTRAL PARK BLVD. NORTH SUITE 212

City **BOCA RATON**

FL

Zip Code

33428

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.

ROARK R. MONAHAN
SIGNATURE

7/16/03
DATE

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 **D** ☐ Delete
NAME **GARCIA, AIDA**
STREET ADDRESS **9980 CENTRAL PARK BLVD. - NORTH, SUITE 212**
CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE **D** ☐ Delete
NAME **SCHOFFEL, IRMA**
STREET ADDRESS **9980 CENTRAL PARK BLVD. - NORTH, SUITE 212**
CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE **D** ☐ Delete
NAME **POTTS, MARIA G**
STREET ADDRESS **9980 CENTRAL PARK BLVD. - NORTH, SUITE 212**
CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE **D** ☐ Delete
NAME **DI MATTEO LEGGIO, GIOVINA**
STREET ADDRESS **9980 CENTRAL PARK BLVD. - NORTH, SUITE 212**
CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE **D** ☐ Delete
NAME **TILLERO, KATTY**
STREET ADDRESS **9980 CENTRAL PARK BLVD. - NORTH, SUITE 212**
CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE **D** ☐ Delete
NAME **CAMPOS, MARY**
STREET ADDRESS **9980 CENTRAL PARK BLVD. - NORTH, SUITE 212**
CITY-ST-ZIP **BOCA RATON FL 33428**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/20/03

CR2E037 (4/03)