

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

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90477 033 ****61.25

DOCUMENT # N02000007119

1. Entity Name

FLORIDA IMMIGRANTS ASSOCIATION, CORP.



Principal Place of Business

**7345 SAND LAKE RD., #226
ORLANDO FL 32819**

Mailing Address

**7345 SAND LAKE RD., #226
ORLANDO FL 32819**

2. Principal Place of Business

7061 GRAND NATIONAL RD

3. Mailing Address

7061 GRAND NATIONAL RD

Suite, Apt. #, etc.

105-F

Suite, Apt. #, etc.

105-F

City & State

ORLANDO - FL

City & State

ORLANDO - FL

Zip

32.819

Country

ORANGE

Zip

32.819

Country

ORANGE

4. FEI Number

05-0533284

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

CARAM, PAULO B

**7345 SAND LAKE RD., #226
ORLANDO FL 32819**

7. Name and Address of New Registered Agent

Name

CARAM, PAULO B.

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

7931 VERSILIA DRIVE

City

ORLANDO

FL

Zip Code

32836

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

Paulo B. Caram - President

(NOTE: Registered Agent signature required when reinstating)

DATE

03/11/03

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	D	<input type="checkbox"/> Delete
NAME	CARAM, FABIO F	
STREET ADDRESS	7345 SAND LAKE RD., #226	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARAM, PAULO B	
STREET ADDRESS	7345 SAND LAKE RD., #226	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARAM, IVANIA MARIA F	
STREET ADDRESS	7345 SAND LAKE RD., #226	
CITY-ST-ZIP	ORLANDO FL 32819	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7931 Versilia Drive	
STREET ADDRESS	ORLANDO, FL, 32836	
CITY-ST-ZIP	ORLANDO, FL, 32836	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7931 Versilia Drive	
STREET ADDRESS	ORLANDO, FL, 32836	
CITY-ST-ZIP	ORLANDO, FL, 32836	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7931 Versilia Drive	
STREET ADDRESS	ORLANDO, FL, 32836	
CITY-ST-ZIP	ORLANDO, FL, 32836	
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 REQUIRED

03/11/03

407-3427494

CR2E037 (10/02)

0015003