

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

DOCUMENT # N02000007539

1. Entity Name  
FUNDACION PARA NINOS MAS QUE VENCEDORES, INC.



FILED

03 JUN 30 AM 6:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
24181 SW 217TH AVE.  
HOMESTEAD FL 33031

Mailing Address  
24181 SW 217TH AVE.  
HOMESTEAD FL 33031



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

54-2077264

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

MARRERO, MARIO  
24181 SW 217TH AVE.  
HOMESTEAD FL 33031

7. Name and Address of New Registered Agent

Name MARIO MARRERO

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

7901 N.W. 71CT

City TAMARAC FL

Zip Code 33321

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

SR 7/2

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 ☐ Delete  
NAME MARRERO, MARIO  
STREET ADDRESS 24181 SW 217TH AVE.  
CITY-ST-ZIP HOMESTEAD FL 33031

TITLE D ☐ Delete  
NAME FIGUEROA, MARCELINO  
STREET ADDRESS 5145 ISLAND CLUB DR.  
CITY-ST-ZIP TAMARAC FL 33319

TITLE D ☐ Delete  
NAME MARRERO, MARTA  
STREET ADDRESS 24171 SW 217TH AVE.  
CITY-ST-ZIP HOMESTEAD FL 33031

TITLE D ☐ Delete  
NAME FIGUEROA, HILDA  
STREET ADDRESS 5145 ISLAND CLUB DR.  
CITY-ST-ZIP TAMARAC FL 33319

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition  
800021195298  
06/30/03--01045--020 \*\*75.00

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 OF REGISTERED AGENT

5/3/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR25037 (10/02)