

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

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 91013 035 \*\*\*\*61.25

DOCUMENT # **1102000007870**

1. Entity Name

**Single Moms, INC**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**402 NW 87 Ave Unit 401**

3. Mailing Address

**10516 SW 74 LN**

Suite, Apt. #, etc.

**401**

Suite, Apt. #, etc.

**01**

City & State

**MIAMI, FL**

City & State

**MIAMI, FL**

4. FEI Number

**16-1632798**

Applied For

Not Applicable

Zip

**33172**

Country

**BADE**

Zip

**33173**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name **LUIS E. DOMINGUEZ**

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

**10516 SW 74 LN**

City

**MIAMI**

FL

Zip Code

**33172**

**DO NOT WRITE IN THIS SPACE**

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)

**3/19/03**  
DATE

**FEE IS \$61.25**

**Initial or Amended UBR**

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	<b>PD</b>	TITLE	
NAME	<b>Ivette Dominguez</b>	NAME	
STREET ADDRESS	<b>MIAMI</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>402 NW 87 Ave Unit 401 FL 33172</b>	CITY-ST-ZIP	
TITLE	<b>MD MIRIAM Velez</b>	TITLE	
NAME	<b>402 NW 87th Ave Unit 401</b>	NAME	
STREET ADDRESS	<b>MIAMI, FL 33172</b>	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<b>STD Luis E. Dominguez</b>	TITLE	
NAME	<b>402 NW 87th Ave. Unit 401</b>	NAME	
STREET ADDRESS	<b>MIAMI, FL 33172</b>	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

**STD. LUIS E. DOMINGUEZ**