

## UNIFORM BUSINESS REPORT (UBR)

UPDATE

APPROVED  
AND  
FILED

DOCUMENT # N02000008721

1. Entity Name

NUEVO CAMINAR, INC.

03 MAR 31 AM 7:57

Principal Place of Business

Mailing Address

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

21 727 E. 9th Street

Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

City &amp; State

23 Hialeah FL

27 City &amp; State

28 Zip

County

24 33010

25 County

4. FEI Number

41-2075385

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Corporate Creations Network Inc.  
941 Fourth Street  
Miami Beach, FL 33139

81 The main goals of Nuevo Caminar, Inc. are charitable and educational.

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

83 941 Fourth Street #200

84 Miami Beach

FL 33139

8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida

SIGNATURE

Signature, typed or printed name of registered agent and title of applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

E.S. Davila, Asst. Secretary 3/12/2003

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so  
(See criteria on back) ☐FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2000 Fee will be \$550.00  
Make Check Payable to Department of State10. Election Campaign Financing Trust  
Fund Contribution ☐\$5.00 May be  
added to Fees

11. OFFICERS AND DIRECTORS

TITLE	Vice President and Treasurer	DELETE
NAME	Georgina Amador	
STREET ADDRESS	727 E. 9th Street	
CITY-ST-ZIP	Hialeah, FL 33010	

TITLE	Director	DELETE
NAME	Carmen Suarez	
STREET ADDRESS	727 E. 9th St	
CITY-ST-ZIP	Hialeah, FL 33010	

TITLE	Director	DELETE
NAME	Victor Benitez	
STREET ADDRESS	727 E. 9th Street	
CITY-ST-ZIP	Hialeah, FL 33010	

TITLE	Director	DELETE
NAME	Dr. Francisco Suarez-Mederos	
STREET ADDRESS	727 E. 9th St.	
CITY-ST-ZIP	Hialeah, FL 33010	

TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

1.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Ricardo Artigas	
1.3 STREET ADDRESS	727 E. 9th Street	
1.4 CITY-ST-ZIP	Hialeah, FL 33010	

2.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Padre Sergio Carrillo	
2.3 STREET ADDRESS	727 E. 9th Street	
2.4 CITY-ST-ZIP	Hialeah, FL 33010	

3.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Ricardo Nunez	
3.3 STREET ADDRESS	727 E. 9th Street	
3.4 CITY-ST-ZIP	Hialeah, FL 33010	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

13. I do 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 or on attachment with an address.

SIGNATURE

Carmen Suarez, Director by E.S. Davila as attorney-in-fact

3/12/03 (305) 672-0686

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2003 AMENDED

282

**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302**

**PHONE: (850) 668-4318 FAX: (850) 668-3398**

DATE: 03-21-03

NAME: NUEVO CAMINAR, INC.

TYPE OF FILING: UBR UPDATE

COST: \$61.25

RETURN:

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

RECEIVED  
03 MAR 31 PM 12:08  
DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

RECEIVED  
03 MAR 24 AM 10:32  
DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

*Re Submitt*  
*why to do this*  
*rejection*  
*PH*  
*Hodge*