FILED
Apr 11, 2003 8:00 am
Secretary of State
03-27-2003 90094 034 ****61.25

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

DOCUMENT # N02000009436

1. Entity Name

UNITY COALITION of MIAMI-DADE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
831 9th Street	831 9th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami Beach, Florida	City & State: Miami Beach, Florida
Zip: 33139 Country: USA	Zip: 33139 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 37-1456258 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Saul Brenesky

Street Address (P.O. Box Number is Not Acceptable): 5781 Biscayne Blvd., Suite 804

City: Miami FL Zip Code: 33137

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	President - Heriberto J. Sosa (D) 831 9th Street, Miami Beach, Fl 33139
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice-President - Luisa Rondon-Lassen (D) 831 9th Street, Miami Beach, Florida 33139
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer - Oscar C. Aguilar (D) 5781 Biscayne Blvd, Suite 804 Miami, Florida 33137
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary - Saul Brenesky (D) 5781 Biscayne Blvd., Suite 804, Miami, Floirda, 33137
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

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CR2E037B (12/02)

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: _____ 3/25/03 305-538-1263
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #