N08000008427

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(Red	questor's Name)	
(Ade	dress)	
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(City	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL MAIL
(Rus	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE DIVISION OF CORPORATION

R. A. Charge

C.COULLIETTE

AUG 0.5 2009

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT:	Unity Coalition Coalicion Unida, Inc.
	Name of Corporation
DOCUMENT NUM	BER: N08000008427
The enclosed Stateme	nt of Change of Registered Office/Agent and fee are submitted for filing.
Please return all corre	spondence concerning this matter to the following:
	Heriberto J. Sosa
	Name of Contact Person
*****	Unity Coalition Coalicion Unida, Inc.
	Firm/Company
_	831 9th Street Address
	Address
_	Miami Beach, Florida 33139 City/State and Zip Code
E	Herb@unitycoalition.org mail address: (to be used for future annual report notification)
For further information	n concerning this matter, please call:
	Herb Sosa at (786) 271-6982 of Contact Person Area Code & Daytime Telephone Number
Name	of Contact Person Area Code & Daytime Telephone Number
Enclosed is a \$35.00 (heck made payable to the Department of State.
	Mailing Address: Street Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 29, 2009

HERIBERTO J. SOSA UNITY COALITION/COALICION UNIDA, INC. 831 9TH ST MIAMI BEACH, FL 33139

SUBJECT: UNITY COALITION/COALICION UNIDA, INC.

Ref. Number: N08000008427

We have received your document for UNITY COALITION/COALICION UNIDA, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

To changes officers/directors you will need to file articles of amendment if that is what you are trying to do. You may only have one registered agent for your corporation, you are showing three people in the area for the new registerd agent, this cannot be correct.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette
Regulatory Specialist II

Letter Number: 809A00026013

COVER LETTER

Division of Corporations	radition(Caplinian Unido Inc
UBJECT: Unity C	Coalition Coalicion Unida, Inc. Name of Corporation
OCUMENT NUMBER:	N08000008427
	f Registered Office/Agent and fee are submitted for filing.
lease return all correspondence con-	cerning this matter to the following:
	Herb Sosa
	Name of Contact Person
Un	ity Coalition Coalicion Unida, Inc.
	Firm/Company
	831 9th Street Address
	Miami Beach, Florida 33139 City/State and Zip Code
	City/State and Zip Code
	herb@unitycoalition.org
E-mail address:	(to be used for future annual report notification)
or further information concerning th	his matter, please call:
Herb Sosa	at (786) 271-6982
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Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a co	orporation organize	507.1508, or 617.1508, Fl d under the laws of the Sta d agent, or both, in the Sta	te of Florida	·
	<u> </u>	-	ilicion Unida, Inc. Beach, Florida 33139)	
3. The mailing a	ddress (if different): 83	1 9th Street, Mid	ami Beach, Florida 33	3139	
4. Date of incorp	. Date of incorporation/qualification: 09/09/2008 Document number: N		N0800000	N08000008427	
	street address of the cur tment of State: (If resign		at and registered office on	file with the	
	Ron Brenesky (res	signed)			
	1000 Ponce De Le	eon Blvd, Coral (Gables, Fl 33134		
6. The name and (if changed):	street address of the ne	w registered agent (if changed) and /or register	red office	- 90 V 60
	831 9th Street, Mia	ami Beach, Flori	da 33139		JARY OF OF CORP
		P.O. Box NOT ac	ceptable		FSTAIL PORATIC
The street addre	ess of its registered office be identical.	ce and the street ad	dress of the business offic	ce of its registered	`
Such change wa authorized by th	as authorized by resolut ne board, or the corpora	tion duly adopted b	y its board of directors or led in writing of the chan	by an officer so ge.	
Signatur	e of an officer or director		Herb Sosa, Pr		
I hereby accept I further agree t of my duties, an document is bei	the appointment as rea	usions of all statute ad accept the obliga ct a change in the r	igree to act in this capaci s relative to the proper a tion of my position as res egistered office address,	ty. nd complete perfo zistered agent. Oi I hereby confirm i	rmance r, if this that the
Sign	nature of Registered Agent		08/02 Date	/09	
HEND	half of an entity:				

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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