2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 28, 2000 8:00 am Secretary of State **DOCUMENT # N08647** 1. Entity Name ASOCIACION BORINCANOS UNIDOS DE FLORIDA, INC. 04-28-2000 90026 015 ****70.00 Principal Place of Business 2/32 Hollywood P. O. BOX 100017 THO MY WOOD, FL FT. LANDERDALE I 138 SW 24 AVE FT LAUDERDALE FL 33020 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2573579 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) AVILES, MARGARITA 138 SW 24 AVE FT LAUDERDALE FL 33312 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Department of State **FEE IS \$61.25** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Delete President ☐ Addition TITLE TITLE NAME MERCEDES 370 NW NAME **CULLINGFORD, AMPARO** STREET ADDRESS STREET ADDRESS 1701 SW 23RD TERRACE CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33312 Change Addition **VPD** Delete TITLE TITLE NAME NAME TIRADO, IVAN 5W STREET ADDRESS STREET ADDRESS 6720 CAMELIA ST LANDERDAME FL CITY-ST-7IP CITY-ST-7tP MIRAMAR FL 33023 ☐ Delete TITLE TITLE PLACENCIA, MARGIE NAME NAME OD WASHINGTON St. Apt. J315 STREET ADDRESS STREET ADDRESS 1211 N GOLF DR CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33021 ☐ Addition ☐ Delete TITLE PEREZ. MERCEDES NAME STREET ADDRESS STREET ADDRESS 9370 NW 34TH CT CITY-ST-ZIP CITY-ST-ZIP SUNRISE FL ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 accurage 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

Daytime Phone #