## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT # N08647**

1. Entity Name

ASOCIACION BORINCANOS UNIDOS DE FLORIDA, INC.



**FILED** Mar 26, 2003 8:00 am Secretary of State

03-26-2003 90156 028 \*\*\*\*70.00

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Principal Place of Business 2132 HOLLYWOOD BLVD HOLLYWOOD FL 33020 US		Mailing Address 2132 HOLLYWOOD BLVD HOLLYWOOD FL 33020 US			1 (40)(1)(2 P)( 40)(5)	18118 87111 BLB11 1881 81811 BLB	: :
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES		
City & State		City & State		:			Applied For Not Applicable
Zip	Country	Zip	Zip Country		5. Certificate of Status Desired S8.75 Additional Fee Required		
6	Name and Address of Cu	rent Registered Agent	d Agent 7. Name and Address of New Registered Agent				Agent
PEREZ, MERC 9370 NW 34TI SUNRISE FL 3	'H CT		Street Add		ress (P.O. Box Number is Not Acceptable)		
				City		FL	Zip Code
the obligations of the obligatio	ned entity submits this statem of registered agent.	ent for the purpose of changing	<del></del> -	red office or register		e State of Florida. I am	
FILE	• • • • • • • • • • • • • • • • • • •	9. Election Campaign Financing Trust Fund Contribution.			May Be Make Check Payable to Fees Florida Department of State		
10.	OFFICERS AN	D DIRECTORS	11.		ADDITIONS/CHANGES	<del></del>	
TITLE T	LLINGFORD, AMPARO	☐ Delete	TITI Nam	-	ISABELD,	Machyca	Change Addition

8 Street Green HORES 3070 NW 48 TERR #103 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33313 CITY-ST-ZIP Addition TITI F TITLE ☐ Delete CHARNECO, RAUL NAME NAME STREET ADDRESS 741 SW 113TH TERRACE STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES FL 33025 CITY-ST-ZIP ☐ Addition SD Delete TITLE TITLE MCKUHEN, AMY NAME NAME STREET ADDRESS 2200 PARK LANE APT 316 STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33021 CITY-ST-ZIP ☐ Change ☐ Addition PD ☐ Delete TITLE . TITLE PEREZ, MERCEDES NAME NAME 9370 NW 34TH CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SUNRISE FL 33351 City-St-ZiP Addition Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 of 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 Block 11 if changed, or on an affachme

SIGNATURE