

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2002 8:00 am
Secretary of State

03-19-2002 90037 017 ****61.25

DOCUMENT # N13550

1. Entity Name

AGRUPACION SOCIAL PORTOPADRENSE, INC.

Principal Place of Business

Mailing Address

AGRUPACION SOCIAL PORTOPADRENSE, INC.
1075 SW 45TH AVE
MIAMI FL 33134
US

AGRUPACION SOCIAL PORTOPADRENSE, INC.
1075 SW 45TH AVE
MIAMI FL 33134
US

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0054632

Applied For

Not Applicable

Zip

Country

Zip

Country

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

AUED, RAUL
1075 SW 45TH AVE.
MIAMI FL 33134

Name

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

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **CONCEPCION, MIGUEL R**
CITY-ST-ZIP **105 SW 45TH AVE MIAMI FL 33134**

TITLE ☐ Change ☐ Addition
NAME **AMADO MORELL, SR.**
STREET ADDRESS **665 E. 9th. Court**
CITY-ST-ZIP **Hialeah, FL. 33010**

TITLE ☐ Delete
NAME **VP**
STREET ADDRESS **MORRELL, SR. AMADO**
CITY-ST-ZIP **665 E. 9TH CT MIAMI FL 33010**

TITLE ☐ Change ☐ Addition
NAME **Mario G. Batista**
STREET ADDRESS **414 N.W. 25 Court**
CITY-ST-ZIP **Miami, FL. 33125**

TITLE ☐ Delete
NAME **SD**
STREET ADDRESS **AUED, RAUL**
CITY-ST-ZIP **1075 S.W. 45TH AVE. MIAMI, FL. 33125**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **TD**
STREET ADDRESS **FERNANDEZ, SR. A**
CITY-ST-ZIP **2981 SW 141ST COURT MIAMI FL 33175**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **VT**
STREET ADDRESS **VILLEGAS, RAFAEL W**
CITY-ST-ZIP **1635 SW 71 PL MIAMI FL 33155**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/24/02 305/448-9873

CR2E037 (9/01)