

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

FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90106 048 ****61.25

DOCUMENT # N13550

1. Entity Name

AGRUPACION SOCIAL PORTOPADRENSE, INC.



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0054632**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **MORRELL, SR. AMADO**
STREET ADDRESS **665 E. 9TH COURT**
CITY-ST-ZIP **MIAMI FL 33134**

TITLE **Alfonso Fernandez, Sr.** ☐ Change ☐ Addition
NAME
STREET ADDRESS **2981 S.W. 141 Ct.**
CITY-ST-ZIP **Miami, Fl. 33175**

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

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

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

TITLE ☐ Change ☐ Addition
NAME **Amado Morell, Sr.**
STREET ADDRESS **665 E. 9th Ct**
CITY-ST-ZIP **Hialeah, Fl. 33010**

TITLE **VT** ☐ Delete
NAME **VILLEGAS, RAFAEL X**
STREET ADDRESS **1635 SW 11TH AVE**
CITY-ST-ZIP **MIAMI FL 33135**

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

TITLE **VP** ☐ Delete
NAME **BATISTA, MARIO X**
STREET ADDRESS **414 N.W. 25 COURT**
CITY-ST-ZIP **MIAMI FL 33125**

TITLE ☐ Change ☐ Addition
NAME **Fernando Tarin, Sr.**
STREET ADDRESS **4531 S.W. 132 Ave.**
CITY-ST-ZIP **Miami, Fl. 33175**

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 REQUIRED

3/9/03

301 448-9873

CR2E037 (10/02)