2003 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003
Secretary of State

DOCUMENT# N23897

Entity Name: ALLAPATTAH-WYNWOOD COMMUNITY AND DEVELOPMENT CENTER, INC.

Current Principal Place of Business:

1500 NW 16TH AVE.
MIAMI, FL 33125 US

New Principal Place of Business:

Current Mailing Address:

1500 NW 16TH AVE.
MIAMI, FL 33125 US

New Mailing Address:

FEI Number: 65-0129019 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FONSECA, HERBERT S. SR.
604 S.W. 64TH AVE
MIAMI, FL 33144 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	FONSECA, HERBERT S SR.	
Address:	604 SW 64 AVE	
City-St-Zip:	MIAMI, FL 33144	
Title:	VD	( ) Delete
Name:	FLORES, YANIRET S	
Address:	3511 NW 17ST	
City-St-Zip:	MIAMI, FL 33125	
Title:	S	( ) Delete
Name:	RODREQUEZ, ROSINIA	
Address:	4750 N.W. 2 ST.	
City-St-Zip:	MIAMI, FL 33126	
Title:	T	( ) Delete
Name:	CARREJA, YOLANDA	
Address:	4750 NW 2 ST	
City-St-Zip:	MIAMI, FL 33126	
Title:	ED	( ) Delete
Name:	FONSECA, HERBERT S	
Address:	604 SW 64 AVE	
City-St-Zip:	MIAMI, FL 33144	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HERBERT S. FONSECA SR. P 05/01/2003

Electronic Signature of Signing Officer or Director — Date