

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

0007222

|   |                               |  |                |  |  |  |  |
|---|-------------------------------|--|----------------|--|--|--|--|
| <b>DOCUMENT # N25242</b><br>1. Entity Name<br><b>HERMANDAD DEL SENOR DE LOS MILAGROS DEL SUR DE L A FLORIDA, INC.</b>   |                               |  |                |  |  | <b>FILED</b><br><b>04 FEB 16 AM 11:08</b><br>SECRETARY OF STATE<br>TALLAHASSEE FLORIDA<br> |  |
| Principal Place of Business<br><b>SAN ISIDRO CATHOLIC CHURCH<br/>2310 M. LUTHER KING BLVD.<br/>POMPANO BEACH FL 33069</b>   |                               |  |                | Mailing Address<br><b>P.O. BOX 934772<br/>MARGATE FL 33093</b>   |  |  |  |
| 2. Principal Place of Business  |                               | 3. Mailing Address   |                | <b>REINSTATEMENT</b> <span style="float: right;">03-04</span><br><input checked="" type="checkbox"/> CHECK HERE IF MAKING CHANGES  |  |  |  |
| Suite, Apt. #, etc.   |                               | Suite, Apt. #, etc.  |                |  |  |  |  |
| City & State  |                               | City & State   |                |  |  |  |  |
| Zip   | Country                       | Zip  | Country        |  |  |  |  |
| 4. FEI Number <b>65-0065208</b>   |                               |  |                | Applied For<br><input type="checkbox"/> Not Applicable   |  |  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |                               |  |                | <b>\$8.75</b> Additional Fee Required  |  |  |  |
| 6. Name and Address of Current Registered Agent   |                               |  |                | 7. Name and Address of New Registered Agent  |  |  |  |
| <del>VILLANUEVA, PEDRO A</del><br><del>2842 N.W. 95TH AVENUE</del><br><del>CORAL SPRINGS FL 33065</del>   |                               |  |                | Name <b>ANTONIO RAMIREZ</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>1401 S DIXIE HWY EAST 4E</b><br>City <b>POMPANO BEACH</b> FL Zip Code <b>33060</b> |  |  |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |                               |  |                |  |  |  |  |
| <b>FILE NOW: FEE IS \$61.25</b><br><b>After September 10, 2003, min will be \$236.25</b>  |                               | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |                | <b>\$5.00</b> May Be Added to Fees   |  | <b>Make Check Payable to Florida Department of State</b>                                   |  |
| 10. OFFICERS AND DIRECTORS  |                               |  |                | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |  |  |  |
| TITLE   | PD                            | <input checked="" type="checkbox"/> Delete                                       | TITLE          | PD   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | CR2E037 (4/03)   |  |
| NAME  | VILLANUEVA, PEDRO A           |  | NAME           | ANTONIO RAMIREZ  |  |  |  |
| STREET ADDRESS  | 2842 N.W. 95TH AVENUE         |  | STREET ADDRESS | 1401 S DIXIE HWY EAST 4E   |  |  |  |
| CITY-ST-ZIP   | CORAL SPRINGS FL 33065        |  | CITY-ST-ZIP    | POMPANO BEACH FL 33060   |  |  |  |
| TITLE   | TD                            | <input type="checkbox"/> Delete  | TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |  |
| NAME  | BARRIENTOS, ERNESTO           |  | NAME           |  |  | 800025171858<br>12/03/03--01007--005 **236.25  |  |
| STREET ADDRESS  | 5337 NW 55TH ST               |  | STREET ADDRESS |  |  |  |  |
| CITY-ST-ZIP   | COCONUT CREEK FL 33073        |  | CITY-ST-ZIP    |  |  |  |  |
| TITLE   | TD                            | <input type="checkbox"/> Delete  | TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |  |
| NAME  | VON MASSEUBACH, RITTER        |  | NAME           |  |  |  |  |
| STREET ADDRESS  | 5463 ENCLAVE CROSSING WAY C-1 |  | STREET ADDRESS |  |  | 800025171858<br>02/16/04--01028--005 **61.25   |  |
| CITY-ST-ZIP   | DELRAY BEACH FL 33484         |  | CITY-ST-ZIP    |  |  |  |  |
| TITLE   | TD                            | <input type="checkbox"/> Delete  | TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |  |
| NAME  | ROJAS, PABLO                  |  | NAME           |  |  |  |  |
| STREET ADDRESS  | 22055 ASIATIC STREET          |  | STREET ADDRESS |  |  |  |  |
| CITY-ST-ZIP   | BOCA RATON FL 33428           |  | CITY-ST-ZIP    |  |  | 800025171858<br>02/16/04--01028--005 **61.25   |  |
| TITLE   |                               | <input type="checkbox"/> Delete  | TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |  |
| 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 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: <b>ANTONIO RAMIREZ</b><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |                               |  |                | <b>PABLO ROJAS</b><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |  |  |  |
| 11/25/03  |                               |  |                | 954 394 9506   |  |  |  |