

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N28706

1. Entity Name

BRING TO JUSTICE REWARD FUND INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90044 024 ****61.25

Principal Place of Business

Mailing Address

C/O AGUILAR, YOLANDA
 901 S.W. 62ND AVE
 WEST MIAMI FL 33144
 US

C/O AGUILAR, YOLANDA
 901 S.W. 62ND AVE
 WEST MIAMI FL 33144-4805
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6002412

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

~~MATAS, JOSE~~
 901 S.W. 62ND AVE
 WEST MIAMI FL 33144

*Please chg
 agent NAME!*

Name **YOLANDA AGUILAR**

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 **D**
 STREET ADDRESS **REBOREDO, PEDRO**
 CITY-ST-ZIP **901 S.W. 62ND AVE
 WEST MIAMI FL**

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **KIEL, PATRICK O.**
 CITY-ST-ZIP **901 S.W. 62ND AVE
 WEST MIAMI FL**

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **AGUILAR, YOLANDA**
 CITY-ST-ZIP **901 SW 62 AVE
 MIAMI FL**

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

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Yolanda Aguilar **Yolanda Aguilar** 2/24/00
 3052661122

Date

Daytime Phone #

CR2E037 (9/99)