2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 15, 2001 8:00 am
Secretary of State
05-04-2001 90083 006 ****70.00

DOCUMENT # N34218

1. Entity Name

ASOCIACION DE DAMAS PUERTORRIQUENAS INC.

Principal Place of Business	Mailing Address
PO BOX 770504 CORAL SPRINGS FL 33077	PO BOX 770504 CORAL SPRINGS FL 33077

7405

DO NOT WRITE IN THIS SPACE

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 65-0148000 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GUTIERREZ, MARTA I
3621 NW 108 DR.
CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent

Name LINDA RASCHE

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

11980 ASHFORD LANE

City DAVIE **FL** Zip Code 33180

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 Linda M Rasche 4/25/2001
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P GUTIERREZ, MARTA I 3621 NW 108 DR. CORAL SPRINGS FL 33605	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P, D Linda Rasche 11980 Ashford Lane Davie, Florida 33180	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP HERNNDEZ, AIDA 4768 NW 1055 TERRACE CORAL SPRINGS FL 33076	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP, D Maria Becerra Garcia 5621 Riverside Drive Apt. # 205 Coral Springs, Florida 33067	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT SANCHEZ, OLGA R 4340 NW 110 COURT CORAL SPRINGS FL 33065	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT, D Mallie Rivera P.O. Box 16477 Plantation, Florida 33318	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS GUZMAN, DULCILIA 2111 NW 10TH ST CORAL SPRINGS FL 33071	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS, D Rhina Garcia 554 Stonemont Drive Weston, Florida 33326	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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 Linda M Rasche REQUIRED 4/25/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #