

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90175 041 \*\*\*\*70.00

**DOCUMENT # N34639**

1. Entity Name

**PAST DISTRICT GOVERNORS ASSOCIATION, 35-A, INC.**

Principal Place of Business

Mailing Address

4840 W 2ND LANE  
HIALEAH FL 33012  
US

4840 W 2ND LANE  
HIALEAH FL 33012  
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

**NOT APPLICABLE**

Applied For

Not Applicable

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

**NORIEGA, ORESTES**  
**4840 W 2ND LANE**  
**HIALEAH FL 33012**

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.

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 PD ☐ Delete  
NAME DOTT, WAYNE  
STREET ADDRESS 6606 MIAMI LAKES DRIVE  
CITY-ST-ZIP MIAMI LAKES FL 33014

TITLE PD ☐ Change ☐ Addition  
NAME Dott, Wayne  
STREET ADDRESS 6606 Miami Lakes Drive  
CITY-ST-ZIP Miami Lakes, Fl. 33014

TITLE VPD ☐ Delete  
NAME HAGOPIAN, JACK  
STREET ADDRESS P.O. BOX 804  
CITY-ST-ZIP KEY LARGO FL 33037

TITLE VPD ☐ Change ☐ Addition  
NAME Hagopian, Jack  
STREET ADDRESS P.O. Box 804  
CITY-ST-ZIP Key Largo, Fl. 33037

TITLE IPPD ☒ Delete  
NAME LIM, CECILIO  
STREET ADDRESS 13341 SW 104TH AVENUE  
CITY-ST-ZIP MIAMI FL 33176

TITLE SD ☐ Change ☐ Addition  
NAME SLEMP, Sandra  
STREET ADDRESS 4923 S.W. 32 Way  
CITY-ST-ZIP Ft Lauderdale, Fl. 33312

TITLE TD ☐ Delete  
NAME CARRAZANA, OSCAR  
STREET ADDRESS 6039 COLLINS AVENUE PH27  
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE TD ☐ Change ☐ Addition  
NAME Carrazana, Oscar  
STREET ADDRESS 6039 Collins Avenue PH27  
CITY-ST-ZIP Miami Beach, Fl. 33140

TITLE SD ☐ Delete  
NAME SLEMP, SANDRA  
STREET ADDRESS 4923 SW 32 WAY  
CITY-ST-ZIP FORT LAUDERDALE FL 33312

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

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** Oscar Carrazana  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/02

305-866-9186

Date

Daytime Phone #

CR2E037 (9/01)