

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

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90305 036 ****70.00

DOCUMENT # N34639

1. Entity Name
PAST DISTRICT GOVERNORS ASSOCIATION, 35-A, INC.



Principal Place of Business

**4840 W 2ND LANE
HIALEAH FL 33012
US**

Mailing Address

**4840 W 2ND LANE
HIALEAH FL 33012
US**

11028065



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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

TITLE **TD** ☒ Delete
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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Change ☐ Addition
NAME **ORESTES NORIEGA**
STREET ADDRESS **4840 W 2ND LANE**
CITY-ST-ZIP **HIALEAH, FL 33012**

TITLE **VPD** ☐ Change ☐ Addition
NAME **LINDA DE LA HERA**
STREET ADDRESS **580 SOUTH DR.**
CITY-ST-ZIP **MIAMI SPRINGS, FL 33166**

TITLE **SD** ☐ Change ☐ Addition
NAME **RICHARD VIDAL**
STREET ADDRESS **6895 PINEHURST DR**
CITY-ST-ZIP **MIAMI, FL 33015**

TITLE ☐ Change ☐ Addition
NAME **OSCAR CARRAZANA**
STREET ADDRESS **9111 E BAY HARBOR DR 2E**
CITY-ST-ZIP **BAY HARBOR ISLAND, FL 33154**

TITLE ☐ Change ☐ Addition
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] **ORESTES NORIEGA**

4-28-03

305-821-7781

CR2E037 (10/02)