

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N35910

1. Entity Name

SOUTH FLORIDA NATIONAL GUARD FAMILY SUPPORT FOUN

Principal Place of Business

Mailing Address

C/O JOSE O. MORIN
700 NW 28TH STREET (NG ARMORY)
MIAMI FL 33127-096
US

C/O JOSE O. MORIN
700 NW 28TH STREET (NG ARMORY)
MIAMI FL 33127-4044
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0161527

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

ZAYAS, CARLOIS M
700 NW 28TH STREET
NG ARMORY
MIAMI FL 33127-4096

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
NAME ZAYAS, CARLOS M
STREET ADDRESS 700 NW 28TH STREET
CITY-ST-ZIP MIAMI FL 33127 ☐ Delete

TITLE MD
NAME ASHER, MELISSA
STREET ADDRESS 700 NW 28TH STREET
CITY-ST-ZIP MIAMI, FL. 33127 ☐ Change ☒ Addition

TITLE VT
NAME MORIN, CARLOS O
STREET ADDRESS 700 NW 28 ST
CITY-ST-ZIP MIAMI FL 33127 ☒ Delete

TITLE VT
NAME MORIN, JOSE O.
STREET ADDRESS 700 NW 28TH STREET
CITY-ST-ZIP MIAMI, FL. 33127 ☒ Change ☐ Addition

TITLE VD
NAME WELLS, ARTHUR C
STREET ADDRESS 700 NW 28 STREET
CITY-ST-ZIP MIAMI FL 33127 ☐ Delete

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

TITLE SD
NAME LAGIS, JACQUES
STREET ADDRESS 700 NW 28TH STREET
CITY-ST-ZIP MIAMI FL 33127 ☐ Delete

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

TITLE VD
NAME ZAYAS, CARLOS
STREET ADDRESS 700 NW 28 STREET
CITY-ST-ZIP MIAMI FL ☒ Delete

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

TITLE MD
NAME TOBAR, BRENDA
STREET ADDRESS 700 NW 28 STREET
CITY-ST-ZIP MIAMI FL ☒ Delete

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

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 of Jose O. Morin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 7 Feb 00 Daytime Phone # (305) 633-8011

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90017 023 ****61.25



DO NOT WRITE IN THIS SPACE