

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N35910

1. Entity Name

SOUTH FLORIDA NATIONAL GUARD FAMILY SUPPORT FOUN

FILED

Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90296 024 ****70.00

Principal Place of Business

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

Mailing Address

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

645227



DO NOT WRITE IN THIS SPACE

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

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

7. Name and Address of New Registered Agent

Name LAGAS, JACQUES E.
Street Address (P.O. Box Number is Not Acceptable)
700 NW 28th STREET
NG ARMORY
City MIAMI FL Zip Code 33127

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

Jacques E. Lagas JACQUES E. LAGAS

4/17/01

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

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VT
NAME FAUER, LANCE M. ☐ Change ☒ Addition
STREET ADDRESS 700 N.W. 28TH STREET
CITY-ST-ZIP MIAMI, FL. 33127

TITLE MD
NAME KELLY McCLENDON ☐ Change ☒ Addition
STREET ADDRESS 700 NW 28th STREET
CITY-ST-ZIP MIAMI, FL. 33127

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

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

TITLE MD ☐ Change ☒ Addition
NAME ALBERTO RIVERA
STREET ADDRESS 700 NW 28th Street
CITY-ST-ZIP MIAMI, FL. 33127

TITLE MD ☐ Change ☒ Addition
NAME JERELLE CASTILLEIRO
STREET ADDRESS 700 NW 28th Street
CITY-ST-ZIP MIAMI, FL. 33127

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:

JOSE O. MORIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-633-8044 X442

CR2E037 (10/00)