

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

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90153 048 \*\*\*\*61.25

**DOCUMENT # N38250**

1. Entity Name

**ALUMNI OF APOSTOLATE CHARITY FOUNDATION, INC.**



Principal Place of Business

**P.O. BOX 650721  
MIAMI FL 33265  
US**

Mailing Address

**P.O. BOX 650721  
MIAMI FL 33265  
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

**DEPERA, MARIA ATNONIA D  
10990 S.W. 59TH TERR  
MIAMI FL 33173**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	<b>D</b>	<b>DE PENIA, MARIA ANTONIA</b>	<b>10990 S.W. 59TH TERRACE MIAMI FL</b>				
	<b>D</b>	<b>DE LUGALDE, MARIA ANTONIA R</b>	<b>2130 SW 122 COURT MIAMI-FL-33175</b>				
	<b>D</b>	<b>RODRIGUEZ, RAMONA</b>	<b>5033 SAN MIGUEL STREET TAMPA FL 33629</b>		<b>D</b>	<b>SAN PEDRO, BERTA</b>	<b>2727 S.W. 20 ST. Miami, FL. 33145</b>
	<b>D</b>	<b>YORK DE SANCHEZ, ELENA</b>	<b>3302 VILLAGE GREEN DRIVE MIAMI FL 33175</b>				

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: *Maria Antonia D. Peña*

Maria Antonia D. Peña 3/19/03 271-4151

CR2E037 (10/02)