

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 22, 2002 8:00 am  
Secretary of State

03-22-2002 90018 019 \*\*\*\*61.25

DOCUMENT # N48676

1. Entity Name

ASOCIACION DE VECINOS DE CATALINA Y SUS BARRIOS,  
INC.

Principal Place of Business

Mailing Address

13741 SW 15 ST  
MIAMI FL 33184  
US

13741 SW 15 ST  
MIAMI FL 33184  
US

DU48676-136



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

APPLIED FOR

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

BAIZA, CARIDAD  
13741 SW 15 ST  
MIAMI FL 33184

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 P ☐ Delete  
NAME LIMA-EXPOSITA, MARIA A  
STREET ADDRESS 11751 SW 15 ST  
CITY-ST-ZIP MIAMI FL

TITLE P ☐ Change ☐ Addition  
NAME LIMA-EXPOSITA, MARIA A  
STREET ADDRESS 11751 S.W. 15 ST.  
CITY-ST-ZIP MIAMI, FL

TITLE VP ☐ Delete  
NAME BAIZA, CARIDAD R  
STREET ADDRESS 13741 SW 15 ST  
CITY-ST-ZIP MIAMI FL

TITLE VP ☐ Change ☐ Addition  
NAME BAIZA, CARIDAD R  
STREET ADDRESS 13741 S.W. 15 ST.  
CITY-ST-ZIP MIAMI, FL 33184

TITLE S ☐ Delete  
NAME ALONSO, RAQUEL  
STREET ADDRESS 3700 E 8TH ST  
CITY-ST-ZIP HIALEAH FL

TITLE S ☐ Change ☐ Addition  
NAME ALONSO, RAQUEL  
STREET ADDRESS 3700 E. 8TH ST.  
CITY-ST-ZIP HIALEAH FL

TITLE T ☐ Delete  
NAME MORIN, VICTORINO  
STREET ADDRESS 9455 WEST FLAGLER, APT 112  
CITY-ST-ZIP MIAMI FL

TITLE T ☐ Change ☐ Addition  
NAME MORIN, VICTORINO  
STREET ADDRESS 9455 W. FLAGLER, #112  
CITY-ST-ZIP MIAMI, FL

TITLE TD ☐ Delete  
NAME GONZALEZ, FELIX  
STREET ADDRESS 4024 NW 5 ST  
CITY-ST-ZIP MIAMI FL

TITLE TD ☐ Change ☐ Addition  
NAME GONZALEZ, FELIX  
STREET ADDRESS 4024 N.W. 5 ST  
CITY-ST-ZIP MIAMI, FL

TITLE D ☐ Delete  
NAME OLIVA, ALICIA  
STREET ADDRESS 660 E 10 PL  
CITY-ST-ZIP HIALEAH FL

TITLE D ☐ Change ☐ Addition  
NAME OLIVA, ALICIA  
STREET ADDRESS 660 E. 10 PL.  
CITY-ST-ZIP HIALEAH, FL

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 Required*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/02 (305) 220-7461  
Date Daytime Phone #

CR2E037 (9/01)