

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000005176

1. Entity Name

STO. NINO (SINULOG) OF SOUTH FLORIDA, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90110 034 ****70.00

Principal Place of Business

Mailing Address

8180 NW 47 DR
CORAL SPRINGS FL 33067
US

8180 NW 47 DR
CORAL SPRINGS FL 33067-2008
US



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

65-0453492

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

LIM, PRECY
8180 NW 47 DRIVE
CORAL SPRINGS FL 33067

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

TITLE PD ☐ Delete
NAME LIM, PRECY
STREET ADDRESS 8180 NW 47 DR
CITY-ST-ZIP CORAL SPRINGS FL

TITLE TD ☐ Delete
NAME POBLETE, EMELINA G
STREET ADDRESS 3257 NW 102 TERRACE
CITY-ST-ZIP SUNRISE FL

TITLE SD ☐ Delete
NAME BARRAS, DENCY S
STREET ADDRESS 5160 S.W. 19TH STREET
CITY-ST-ZIP PLANTATION FL 33317

TITLE V ☐ Delete
NAME SABARILLO, JOE
STREET ADDRESS 4700 N.W. 99TH TERRACE
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE D ☐ Delete
NAME BATTAD, ALEXANDER B
STREET ADDRESS 10141 NW 24 CT
CITY-ST-ZIP SUNRISE FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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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 information empowered.

4/17/2000

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #