

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000003741

1. Entity Name

CONCERN CITIZENS OF WEST DADE INC. SUB DIVISION
#1

Principal Place of Business

Mailing Address

14180 S.W. 30TH ST.
MIAMI FL 33175

14180 S.W. 30TH ST
MIAMI FL 33175
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

65-0508738

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

ROUCO, ANTONIO
14180 S.W. 30TH ST.
MIAMI FL 33175

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	ROUCO, ANTONIO	14180 S.W. 30TH ST.	MIAMI FL 33175	<input type="checkbox"/>
CD	RODRIGUEZ, LIZARDO	14201 S.W. 31ST ST	MIAMI FL 33175	<input type="checkbox"/>
TD	ROSADO, JOSE	3142 S.W. 141ST AVE	MIAMI FL 33175	<input type="checkbox"/>
VPD	FERNANDEZ, ALFRONSO	2981 S.W. 141 COURT	MIAMI FL 33175	<input type="checkbox"/>
ST	RODRIGUEZ, TERESA	14201 S.W. 31ST ST	MIAMI FL 33175	<input type="checkbox"/>
ST	LUGO, MORAIMA	4240 S.W. 153 PLACE	MIAMI FL 33175	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-02 385-551-5046

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90143 001 ****61.25

05-19-2002 90143 002 *****8.75



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)