

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

FILED
Aug 28, 2003 8:00 am
Secretary of State

08-28-2003 90066 047 ****61.25

DOCUMENT # N95000001653

1. Entity Name

ASSOCIATION CIVICA-COMBATIENTES FDN, INC.



Principal Place of Business

**1401 W. 29 ST., C-53
HIALEAH FL 33012**

Mailing Address

**1401 W. 29 ST., C-53
HIALEAH FL 33012**

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**RODRIGUEZ, JUAN G
1401 W. 29 ST., C-53
HIALEAH FL 33012**

7. Name and Address of New Registered Agent

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
After September 10, 2003, min will be \$236.25**

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	DP	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, JUAN G	
STREET ADDRESS	1401 W. 29 ST., C-53	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	DV	<input type="checkbox"/> Delete
NAME	VINDEL, LUIS	
STREET ADDRESS	8202 NW MIAMI CT #J612	
CITY-ST-ZIP	MIAMI FL 33150	
TITLE	DS	<input type="checkbox"/> Delete
NAME	ROBLES, RODOLFO	
STREET ADDRESS	7500 SW 153 ST., #105	
CITY-ST-ZIP	MIAMI FL 33193	
TITLE	DT	<input type="checkbox"/> Delete
NAME	GONZALES, MODOSTO	
STREET ADDRESS	1435 W 41 ST APT F	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	D	<input type="checkbox"/> Delete
NAME	TRAVIERO, MARIA	
STREET ADDRESS	8912 NW 121 ST	
CITY-ST-ZIP	HIALEAH GARDENS FL 33018	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARIN, JUAN DAVID	
STREET ADDRESS	11021 SW 60 TERR	
CITY-ST-ZIP	MIAMI FL 33173	

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

SIGNATURE:

Signature Required

Juan G. Rodriguez 08-25-03

CR2E037 (4/03)