

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003687

1. Entity Name

HERMANDAD DEL SENOR DE LOS MILAGROS DE NORTH MIA

Principal Place of Business

Mailing Address

710 NE 171st ST.
N. MIAMI BEACH, FL 33162
US

710 NE 171st ST.
N. MIAMI BEACH FL 33162
US

2. Principal Place of Business

3. Mailing Address

710 N.E. 171 STREET

710 N.E. 171 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

N. M. B.

City & State

FLORIDA

Zip

33162

Country

USA

Zip

Country

4. FEI Number

65-0598854

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

FERNANDEZ, ROSALIO A
710 N.E. 171 STREET
N MIAMI BEACH FL 33162

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: Rosalio A. Fernandez

2/18/01

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	PD	<input type="checkbox"/> Delete
NAME	FERNANDEZ, ROSALIO A	
STREET ADDRESS	710 NE 171 STREET	
CITY-ST-ZIP	N MIAMI BEACH FL 33162	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CACERES, PEDRO O	
STREET ADDRESS	700 N.E. 162 STREET	
CITY-ST-ZIP	N MIAMI BEACH FL 33162	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RJAS, VICTORIA M	
STREET ADDRESS	710 N.E. 171 ST.	
CITY-ST-ZIP	N MIAMI BEACH FL 33162	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	
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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:

Rosalio A. Fernandez

2/18/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90060 041 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)