

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 30, 2002 8:00 am
Secretary of State

04-02-2002 90895 033 ****61.25

DOCUMENT # N95000003687

1. Entity Name

HERMANDAD DEL SENOR DE LOS MILAGROS DE NORTH MIA MI, INC.

Principal Place of Business

Mailing Address

~~710 NE 171 STREET~~
~~N MIAMI BEACH FL 33162~~
~~US~~

~~710 NE 171 STREET~~
~~N MIAMI BEACH FL 33162~~
~~US~~

2. Principal Place of Business

2050 NE 140 ST.

3. Mailing Address

2050 NE 140 ST

Suite, Apt. #, etc.

16

Suite, Apt. #, etc.

16

City & State

N. MIAMI BEACH FL.

City & State

N. MIAMI BEACH FL.

Zip

33181

Country

USA

Zip

33181

Country

USA

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~~

WALTER AYALA
2050 NE 140 ST
16

WALTER AYALA
2050 NE 140 ST # 16

N. MIAMI BEACH FL 33181

N. MIAMI BEACH FL

FL

33181

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

After September 13, 2002,
min. will be \$236.25.

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	☒ Delete
NAME	FERNANDEZ, ROSALIO A	
STREET ADDRESS	710 NE 171 STREET	
CITY-ST-ZIP	N MIAMI BEACH FL 33162	
TITLE	VD	☒ Delete
NAME	CACERES, PEDRO O	
STREET ADDRESS	700 N.E. 162 STREET	
CITY-ST-ZIP	N MIAMI BEACH FL 33162	
TITLE	SD	☒ Delete
NAME	RIVAS, VICTORIA M	
STREET ADDRESS	710 N.E. 171 ST.	
CITY-ST-ZIP	N MIAMI BEACH FL 33162	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	WALTER AYALA	
STREET ADDRESS	2050 NE 140 ST #16	
CITY-ST-ZIP	N. MIAMI BEACH FL. 33181	
TITLE	V. PRESIDENT	☒ Change ☐ Addition
NAME	MARIO DOMINGUEZ	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S.D.	☒ Change ☐ Addition
NAME	ANDRES ALVA	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 like empowered.

SIGNATURE: **WALTER AYALA** 9/13/02 305-933-4384

CR2E037 (4/02)

4/2/01

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003687

1. Entity Name

HERMANDAD DEL SENOR DE LOS MILAGROS DE NORTH MIA
MI, INC.

Principal Place of Business

Mailing Address

710 NE 171 STREET
N MIAMI BEACH FL 33162
US710 NE 171 STREET
N MIAMI BEACH FL 33162
US

2. Principal Place of Business

2050 NE 140 ST

3. Mailing Address

Suite, Apt. #, etc.
16

Suite, Apt. #, etc.

City & State

N. MIAMI BEACH FL

City & State

4. FEI Number

65-0598854

Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FERNANDEZ ROSALIO A
710 N.E. 171 STREET
N MIAMI BEACH FL 33162WALTER AYALA
2050 NE 140 ST #16
N. MIAMI BEACH FL 33181

7. Name and Address of New Registered Agent

Name

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

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 reissuing)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	☒ Delete
NAME	FERNANDEZ ROSALIO A	
STREET ADDRESS	710 NE 171 STREET	
CITY-ST-ZIP	N MIAMI BEACH FL 33162	
TITLE	VD	☒ Delete
NAME	CACERES, PEDRO O	
STREET ADDRESS	700 N.E. 182 STREET	
CITY-ST-ZIP	N MIAMI BEACH FL 33162	
TITLE	SD	☒ Delete
NAME	RIVAS, VICTORIA M	
STREET ADDRESS	710 N.E. 171 ST.	
CITY-ST-ZIP	N MIAMI BEACH FL 33162	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	☐ Change ☒ Addition
NAME	WALTER AYALA	
STREET ADDRESS	2050 NE 140 ST #16	
CITY-ST-ZIP	N. MIAMI BEACH FL 33181	
TITLE	OSCAR SANCHEZ	☐ Change ☒ Addition
NAME	2186 S.W. 37 TERRACE	
STREET ADDRESS	FORT LAUDERDALE FL 33312	
CITY-ST-ZIP		
TITLE	CARMEN SANCHEZ	☐ Change ☒ Addition
NAME	2186 S.W. 37 TERRACE	
STREET ADDRESS	FORT LAUDERDALE FL 33312	
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 17, 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

305-933-4384

Daytime Phone

WALTER AYALA

CR2037 (9/01)

HERMANDAD DEL
SEÑOR DE LOS
MILAGROS
N. MIAMI BEACH

Attachment

43146

NYS 000003687

2050 NE 140 ST # 16 N. Miami Beach Fl. 33181
Teléfonos: 305-944-0275 Fax-305-692-5398

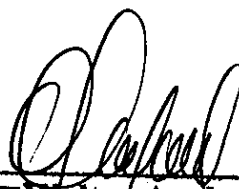
August 29, del 2002

Florida Department of State

Whom may concern:

I don't understand why send to me the new Annual report/uniform business report, to be pay in September 2002, when I sent to your office in May 2002 the report with the new names of President and Directors, also the check for \$61.25 has been collected for your office.

Please advise me about this situation.


Walter Ayala
President