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

DOCUMENT # N95000006061

1. Entity Name

POR LOS NINOS DEL PADRE MARCOS, CORP.



FILED May 12, 2003 8:00 am Secretary of State

05-12-2003 90218 046 ****61.25

Principal Place of Business 15111 SW 45 LANE MIAMI FL 33185			Mailing Address 15111 SW 45 LANE MIAMI FL 33185							
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State			City & State			4. FEI Number 65-0633539 Applied For Not Applicable				
Zip Country		Zip C		Cour	untry 5. Certificate of St		tus Desired	\$8.75 Add	ditional	
· 	6 Name	and Address of Current	Pogleton	ad Agent	L		7 Name and Addre	ss of New Registere		<u> </u>
			negister	ed Agent		Name	7. Name and Addre	sas of New negisterer	Agent	
TOPPEC LOCE				TVGITO			30 mark - 10 mar			
TORRES, JOSE 1120 SW 122 AVENUE MIAMI FL 33184						Street Address (P.O. Box Number is Not Acceptable)				
MINIMITE	35104				-	City	1- *	F	Zip Cod	e
8. The above	named entity	y submits this statement fo	r the our	oose of changing its	registered	d office or register	red agent, or both, in th	e State of Florida Lar	n familiar with	and accept
SIGNATURE .		ered agent. or printed name of registered agent	and title if and	olicable (NOTE	F: Registered	Agent signature requirer	d when reinstating)	DATE		
÷	orginatoro, typou	the printed register of register of agent	uno ene mapi	(17512		- igorii sigriataro rodonot	o morrowstating)			
FILE NOW: FEE IS \$61.25				9. Election Campaign Financir Trust Fund Contribution.			\$5.00 May Be Added to Fees	Make Che Florida Depa	ck Payable irtment of \$	
10.		OFFICERS AND DI	RECTORS		11.	· -	ADDITIONS/CHANGES	TO OFFICERS AND I	DIRECTORS IN	1 10
TITLE	PD	· · · · · · · · · · · · · · · · · · ·	☐ Delete		TITLE		☐ Change ☐ Addit			Addition
NAME	SANCHEZ,	ANA LORENA			NAME					_
STREET ADDRESS	15111 SW				STREET	T ADDRESS				
CITY-ST-ZIP	MIAMI FL				CITY-S					Ţ
	VD				7171.5				☐ Change	Addition
TITLE NAME		OR, GULIIERMINA		☐ Delete	TITLE NAME					Addition
		RCA AVENUE			1	T ADDRESS				
CITY-ST-ZIP		ABLES FL 33134			CITY-S	1				
	TD	IDLES I E SS 134								
		O, MILAGRO V	·• ·· .	Delete	TITLE NAME		· ********	جيده معاليات العا	Change	☐ Addition
STREET ADDRESS	13222 SW					T ADDRESS		•		
CITY-ST-ZIP	MIAMI FL				CITY-S	i i				j
	SD			□ Delete	TITLE			_ 	☐ Change	Addition
TITLE NAME	JIMENEZ,	THE! VA		☐ Delete	NAME	1				Addition
	1601 SW 1					T ADDRESS				
	MIAMI FL				CITY-S					
	INI/MILI L	30170				+			☐ Change	☐ Addition
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		4 - 7							Channa	Addition
TITLE		•		☐ Delete	TITLE NAME				☐ Change	Addition
NAME STREET ADDRESS						T ADDRESS				{
CITY-ST-ZIP	1	•			CITY-S					1
12. I hereby certify that the information supplied with this filing does not qualify for the								de Outrale 15 de	and the state of	
12. Thereby of	certify that the	e intormation supplied with	i this filing	aces not qualify for	r the exem	iption stated in Se	ection 119.07(3)(i), Flori	da Statutes. I further c	ertity that the ir	ntormation

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 be 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:

Saucher 4/29/03 305/552-7484