

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000001088

1. Entity Name

EL FUTURO DE AMERICA "DI NO A LAS DROGAS CLUB".

Principal Place of Business

65 OLIVER DRIVE
HIALEAH FL 33010

Mailing Address

65 OLIVER DRIVE
HIALEAH FL 33010

2. Principal Place of Business

65 OLIVE DRIVE

Suite, Apt. #, etc.

3. Mailing Address

65 OLIVE DRIVE

Suite, Apt. #, etc.

City & State

HIALEAH, FL

Zip

33010

Country

MIAMI-DADE

City & State

HIALEAH, FL 33

Zip

Country

4. FEI Number

65-0650124

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PEREZ, BACILIA
65 OLIVER DRIVE
HIALEAH FL 33010

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.

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 13, 2000 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

TITLE PD ☐ Delete

NAME PEREZ, BACILIA
STREET ADDRESS 65 OLIVER DRIVE
CITY-ST-ZIP HIALEAH FL 33010

TITLE VD ☐ Delete

NAME VENTURA, CINTHIA
STREET ADDRESS 65 OLIVER DRIVE
CITY-ST-ZIP HIALEAH FL 33010

TITLE SD ☐ Delete

NAME PEREZ, MODESTO
STREET ADDRESS 65 OLIVER DRIVE
CITY-ST-ZIP HIALEAH FL 33010

TITLE TD ☐ Delete

NAME PEREZ, PRISCILA
STREET ADDRESS 65 OLIVER DRIVE
CITY-ST-ZIP HIALEAH FL 33010

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 ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/25/00 (305) 887-4809

Date

Daytime Phone #

FILED
Aug 02, 2000 8:00 am
Secretary of State

01-28-2000 90085 031 ****61.25

08-02-2000 90003 021 ****61.25



DO NOT WRITE IN THIS SPACE