

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005052

1. Entity Name

LITA DEL REAL FOUNDATION INC.

FILED

Jul 13, 2000 8:00 am
Secretary of State

07-13-2000 90020 032 ****70.00

Principal Place of Business

1923 SW 22ND TERR
MIAMI FL 33145
US

Mailing Address

1923 SW 22ND TERR
MIAMI FL 33184-3224
US

2. Principal Place of Business

1362 SW 142 CT.

3. Mailing Address

1362 SW 142 CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL.

City & State

MIAMI FL.

4. FEI Number

65-0701265

Applied For

Not Applicable

Zip

33184

Country

MIAMI-DADE

Zip

33184

Country

MIAMI-DADE

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

REAL, LITA D
1923 SW 22 TER.
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name

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

1362 SW 142 CT

City

MIAMI

FL

Zip Code
33184

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 LITA D. REAL

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

06-23-00

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

TITLE DP ☐ Delete
NAME REAL, LITA D
STREET ADDRESS 1923 SW 22 TER.
CITY-ST-ZIP MIAMI FL 33145

TITLE DV ☐ Delete
NAME GARCIA, CONCEPCION
STREET ADDRESS 1923 SW 22 TER.
CITY-ST-ZIP MIAMI FL 33145

TITLE DS ☐ Delete
NAME ORTEGA, NADINA
STREET ADDRESS 4075 SW 11TH ST
CITY-ST-ZIP MIAMI FL 33134

TITLE T ☐ Delete
NAME ORTEGA, NADINA
STREET ADDRESS 4075 SW 11TH ST
CITY-ST-ZIP MIAMI FL

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

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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.

LITA D. REAL

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT 06-23-00

Date

Daytime Phone #

CR2E037 (9/99)



Attachment
DA#N960000035
DUG 9770

Lita Del Real Foundation

8332 S. W. 8th Street

Miami, Fl. 33144

Tel: 305-267-6611 Fax: 305-267-6671

July 5th. 2,0000


Division of Corporations
Uniforms Business Report Filings
P.O.Box 1500
Tallahassee, Fl. 32302-1500

TO WHOM IT MAY CONCER:

Due to a sickness of our President and Accountant we filing
the annual corporation report late. We expect your excuses.

Thanking you in advance for the incovenience,

Sincerely,


Manuel Lopez
Accountant