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

Mailing Address

3. Mailing Address

Suite, Apt. #, etc.

1362 SW 142 CT

MIAM! FL 33184

DOCUMENT # N9600005052

1. Entity Name

1362 SW 142 CT

MIAMI FL 33184

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

LITA DEL REAL FOUNDATION INC.



FILED Jan 15, 2003 8:00 am § Secretary of State

01-15-2003 90261 021 ****70.00

90002880



☐ CHECK HERE IF MAKING CHANGES

City & State City & State 4. FEI Number 65-0701265 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name REAL, LITA D Street Address (P.O. Box Number is Not Acceptable)

1362 SW 142 CT MIAMI FL 33184

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City	 			
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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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. \Box Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 DΡ TITLE ☐ Defete TITLE Change ☐ Addition REAL, LITA D NAME NAME STREET ADDRESS 1923 SW 22 TER. STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33145** CITY-ST-ZIP D۷ TITLE ☐ Delete TITLE Change ☐ Addition GARCIA, CONCEPCION NAME 1923 SW 22 TER. STREET ADDRESS STREET ADDRESS CITY-ST-ZIF **MIAMI FL 33145** CITY-ST-ZIP TITLE Delete TITLE ☐ Change ORTEGA, NADINA ☐ Addition NAME 4075 SW 11TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33134 CITY-ST-ZIP TITLE Delete ☐ Change ORTEGA, NADINA ☐ Addition NAME NAME STREET ADDRESS 4075 SW 11TH ST STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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 eport 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 trusted of powered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE: