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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000005171

1. Corporation Name

JUST RIDE ON FOUNDATION, INC.

Principal Place of Business

**5411 W 6TH LN
HIALEAH FL 33012
US**

Mailing Address

**5411 W 6TH LN
HIALEAH FL 33012
US**



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

10/09/1996

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
65-0701210

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DE ACOSTA, EMILIO
3845 EAST 4TH AVE
HIALEAH FL 33013**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **SANCHEZ, MARIA**
STREET ADDRESS **381 WEST 32 STREET**
CITY-ST-ZIP **HIALEAH FL 33012**

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **SANCHEZ, MARIA**
1.3 STREET ADDRESS **5411 W. 6th LANE**
1.4 CITY-ST-ZIP **HIALEAH, FL 33012**

TITLE **SD** ☐ DELETE
NAME **RODERO, JESSICA L**
STREET ADDRESS **381 WEST 32 STREET**
CITY-ST-ZIP **HIALEAH FL 33012**

2.1 TITLE **SD** ☒ Change ☐ Addition
2.2 NAME **RODERO, JESSICA L**
2.3 STREET ADDRESS **5411 W. 6th LANE**
2.4 CITY-ST-ZIP **HIALEAH, FL 33012**

TITLE **TD** ☐ DELETE
NAME **RODERO, JENNIFER L**
STREET ADDRESS **381 WEST 32 STREET**
CITY-ST-ZIP **HIALEAH FL 33012**

3.1 TITLE **TD** ☒ Change ☐ Addition
3.2 NAME **RODERO JENNIFER L**
3.3 STREET ADDRESS **5411 W. 6th LANE**
3.4 CITY-ST-ZIP **HIALEAH, FL 33012**

TITLE **D** ☐ DELETE
NAME **ODALYS GOMEZ**
STREET ADDRESS **2740 W 69TH TERR**
CITY-ST-ZIP **HIALEAH FL 33016**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **MARIBEL FERNANDEZ**
STREET ADDRESS **1209 NW 161ST AVE**
CITY-ST-ZIP **PEMBROKE PINES FL 33028**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **EMILIO MENDEZ**
STREET ADDRESS **1209 NW 161ST AVE**
CITY-ST-ZIP **PEMBROKE PINES FL 33028**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

1/24/99 (305) 820-9996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/98)