

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001095

1. Entity Name

HERMANDAD DEL SENOR LOS MILAGROS DE MIAMI, INC.

Principal Place of Business

9200 S.W. 107TH AVENUE
MIAMI FL 33176

Mailing Address

9200 S.W. 107TH AVENUE
MIAMI FL 33176

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

CARCHERI, MARIA
9200 SW 107TH AVE
MIAMI FL 33176

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 12, 2001, 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
NAME SOUZA, MIRTHA
STREET ADDRESS 9371 S.W. 76TH STREET
CITY-ST-ZIP MIAMI FL 33173

TITLE SD
NAME CARCHERI, MARIA
STREET ADDRESS 12221 SW 2 ST
CITY-ST-ZIP MIAMI FL 33184

TITLE TD
NAME GONZALEZ, MIGUEL
STREET ADDRESS 9200 SW 107 AVE
CITY-ST-ZIP MIAMI FL 33176

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS 720 NW. 123 AVE.
CITY-ST-ZIP MIAMI, FL 33182

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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 08-02-01 (305) 273-2149

FILED
Aug 07, 2001 8:00 am
Secretary of State

08-07-2001 90017 014 ***175.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0730835

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

CR2E037 (5/01)