

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

**FILED**  
**Feb 26, 2003 8:00 am**  
**Secretary of State**

02-26-2003 90175 014 \*\*\*\*61.25

**DOCUMENT # N97000002082**

1. Entity Name

**FLORIDA GOLDEN DREAMERS ASSOCIATION, INC.**



Principal Place of Business

**9823 N.E. 4TH AVENUE  
MIAMI SHORES FL 33138**

Mailing Address

**9823 N.E. 4TH AVENUE  
MIAMI SHORES FL 33138**

**10027687**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0774086**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**AZEUNA, JOE  
431 NW 147TH STREET  
MIAMI FL 33168**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **JOSE R. AZCUNA - PRESIDENT**

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

(NOTE: Registered Agent signature required when reinstating)

**2/3/03**  
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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete  
NAME **MONDEA, BEBIT**  
STREET ADDRESS **17051 NE 35TH AVE APT 209**  
CITY-ST-ZIP **N MIAMI FL 33160**

TITLE **TREASURER** ☐ Change ☒ Addition  
NAME **CARIDAD D. AFABLE**  
STREET ADDRESS **15323 SW 105 AVE.**  
CITY-ST-ZIP **MIAMI, FL 33154**

TITLE **D** ☐ Delete  
NAME **GARCIA, JUANITA**  
STREET ADDRESS **2160 NE 174TH ST**  
CITY-ST-ZIP **N MIAMI BEACH FL 33162**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **CANTA, DAVID**  
STREET ADDRESS **1400 NW 19TH STREET, #903**  
CITY-ST-ZIP **MIAMI FL 33125**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S** ☐ Delete  
NAME **IBASCO, ROSALIA**  
STREET ADDRESS **826 PENNSYLVANIA AVENUE, #3**  
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **P** ☐ Delete  
NAME **AZCUNA, JOE**  
STREET ADDRESS **431 NW 147TH STREET**  
CITY-ST-ZIP **MIAMI FL 33168**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VP** ☐ Delete  
NAME **DURAN, ALFREDO**  
STREET ADDRESS **6990 NW 186TH STREET, #215A**  
CITY-ST-ZIP **HIALEAH FL 33015**

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: **JOSE R. AZCUNA**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/3/03**

**(305)687-0129**

CR2E037 (10/02)