

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N97000003172**

1. Entity Name

ASOCIACION CIVIL PRO NINO INTIMO, INC.**FILED****Feb 15, 2000 8:00 am**
Secretary of State

02-15-2000 90026 047 ****61.25

Principal Place of Business

**12245 S.W. 132ND COURT
MIAMI FL 33186**

Mailing Address

**12245 S.W. 132ND COURT
MIAMI FL 33186-6412**

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

65-0758993

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ERROCH, HUGO O
12245 S.W. 132ND COURT
MIAMI FL 33186**

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**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	ERROCH, HUGO O	12245 S.W. 132ND COURT	MIAMI FL 33186				
VD	MASIAS, ALBERTO	12245 S.W. 132ND COURT	MIAMI FL 33186				
STD	OTINIANO, LUIS M	12245 S.W. 132ND COURT	MIAMI FL 33186				

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:

HUGO O. ERROCH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/1/00 (305) 276-800.

CR2E037 (9/99)