

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 27, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # N97000004391****1. Entity Name**  
**ALIANZA DOMINICANA DE LA FLORIDA, INC.****Principal Place of Business**  
9355 SOUTHWEST 93 PLACE  
MIAMI FL 33176  
**Mailing Address**  
9355 SOUTHWEST 93 PLACE  
MIAMI FL 33176**2. Principal Place of Business**  
Suite, Apt. #, etc.  
**3. Mailing Address**  
Suite, Apt. #, etc.**City & State**  
Zip Country  
**4. FEI Number**  
**65-0773581**  
**Applied For**  
**Not Applicable**  
**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
ANTUN RAFAEL  
9355 SOUTHWEST 93RD PLACE  
MIAMI FL 33176 US  
**7. Name and Address of New Registered Agent**  
Name  
PANUNZI MARIA  
Street Address (P.O. Box Number is Not Acceptable)  
1321 N.W. 14TH STREET  
SUITE 303  
City MIAMI FL Zip Code 33125**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 MARIA PANUNZI** **04/27/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE**FILE NOW:**  
**FEE IS \$61.25**  
**9. Election Campaign Financing** ☐ **\$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	TD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WEBER AMY			NAME			
STREET ADDRESS	333 UNIVERSITY DR., APT 131			STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL 33134			CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GOMEZ MIGUEL			NAME			
STREET ADDRESS	9500 SW 184TH STREET			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33157			CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TABOADA AMPARO			NAME			
STREET ADDRESS	1117 SW 141 AVE			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33184			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ANTUN MAYDA C			NAME			
STREET ADDRESS	9355 SW 93 PL			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33176			CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ANTUN RAFAEL			NAME			
STREET ADDRESS	9355 SOUTHWEST 93RD PLACE			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33176			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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)(f), 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: Mayda C. Antun, M.D.** **SEC. 04/27/2001**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E037 (11/00)