

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State
 05-18-2001 91576 006 ****75.00

DOCUMENT # N97000006530

1. Entity Name

COLEGIO OF DOMINICAN JOURNALISTS, INC.

Principal Place of Business

135 SW 22ND AVE
 MIAMI FL 33135
 US

Mailing Address

135 S.W. 22ND AVE.
 MIAMI FL 33135-1205

2. Principal Place of Business

135 S.W. 22nd AVE.

3. Mailing Address

8564 N.W. 8th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami

4. FEI Number

65-0797074

Applied For

Not Applicable

Zip

33135

Country

Miami-Dade

Zip

33126-3709

Country

Miami-Dade

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

RODRIGUEZ, PABLO
8564 NW 8 STREET
MIAMI FL 33126-3709

Name

N/A

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.

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\$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 ☐ Delete
 NAME **D**
 STREET ADDRESS **RODRIGUEZ, PABLO**
 CITY-ST-ZIP **8564 NW 8 ST**
MIAMI FL 33126-3709

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **ACEVEDOEZ, MIGUEL**
 CITY-ST-ZIP **9004 NW 116 ST**
HIALEAH GARDEN FL 33018-4125

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

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **CARVAJAL, JOSE**
 CITY-ST-ZIP **9655 S.W. 152 AVENUE**
MIAMI FL 33196

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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 CITY-ST-ZIP

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: Pablo Rodriguez **REQUIRED**

05/02/01

205-643-6730X149

CR2E037 (10/00)