# 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N98000000851

**1.** Entity Name

AMIGOS DE SAN JUAN BOSCO, INC.

**FILED**

00 NOV 27 PM 2:30

SECRETARY OF STATE
TALLAHASSEE FLORIDA

**REINSTATEMENT**

| Principal Place of Business | Mailing Address |
|---|---|
| 1301 WEST FLAGLER STREET<br>MIAMI FL 33135 | 1301 WEST FLAGLER STREET<br>MIAMI FL 33135-2319 |

| 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  65-0931504   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 |
|---|---|
| BRANA, ARMANDO ESQ<br>3971 SW 8TH STREET #301<br>CORAL GABLES FL 33134 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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:<br>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 | DP | ☐ Delete | TITLE | ☐ Change  ☐ Addition |
| NAME | VALLADARES, JOSE H MD | | NAME | |
| STREET ADDRESS | 6970 SUNSET DRIVE | | STREET ADDRESS | 800003492518--2 |
| CITY-ST-ZIP | CORAL GABLES FL 33134 | | CITY-ST-ZIP | -12/11/00--01002--005 |
| TITLE | DS | ☐ Delete | TITLE | ****236.25 |
| NAME | SABINES, LUIS | | NAME | |
| STREET ADDRESS | 2289 SW 23 TERRACE | | STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33145 | | CITY-ST-ZIP | |
| TITLE | DVT | ☐ Delete | TITLE | ☐ Change  ☐ Addition |
| NAME | RODRIGUEZ, BERNARDINO | | NAME | |
| STREET ADDRESS | 10000 SW 95 AVENUE | | STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33176 | | CITY-ST-ZIP | |
| TITLE | | ☐ Delete | TITLE | ☐ Change  ☐ Addition |
| NAME | | | NAME | |
| STREET ADDRESS | | | STREET ADDRESS | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | |
| TITLE | | ☐ Delete | TITLE | ☐ Change  ☐ Addition |
| NAME | | | NAME | |
| STREET ADDRESS | | | STREET ADDRESS | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | |
| TITLE | | ☐ Delete | TITLE | ☐ Change  ☐ 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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E037 (9/99)