5/2

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 23, 2002 8:00 am
Secretary of State
05-29-2002 90678 033 ****70.00

DOCUMENT # N98000005313

1. Entity Name

GETSEMANI CORP.

Principal Place of Business	Mailing Address
8370 SW 27TH TERR. MIAMI FL 33155	8370 SW 27TH TERR. MIAMI FL 33155

DO NOT WRITE IN THIS SPACE

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 65-0865847 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HERNANDEZ, ALBA
8370 SW 27TH TERR.
MIAMI FL 33155

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.

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	D DE LLANO, TERESA 60 HOUGH DRIVE MIAMI SPRINGS FL 33166	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DE LLANO TERESA Has passed away	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HERNANDEZ, ALBA 8370 SW 27TH TERR. MIAMI FL 33155	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GOMARA, ARMANDO 18161 NW 82 AVE. MIAMI FL 33015	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GOMARA AMALIA 18161 N.W. 82 AVE MIAMI, Fla. 33015	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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: Alba R Hernandez 05/01/2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment - 360486

#IN98D0005313

STATE OF FLORIDA

OFFICE of VITAL STATISTICS

CERTIFIED COPY

CERTIFICATE OF DEATH
FLORIDA

43652 8

LOCAL FILE NO.

DECEDENT

1. DECEDENT'S NAME: First: Teresa; Middle: ; Last: De Llano
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): February 7, 2002
4. SOCIAL SECURITY NUMBER: 138-32-5821
5a. AGE-Last Birthday: 66
5b. UNDER 1 YEAR: Months / Days / Hours / Minutes
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): November 21, 1935
7. BIRTHPLACE (City and State or Foreign Country): Cuba
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No): NO
9a. PLACE OF DEATH (Check only one; see instructions on other side): HOSPITAL: XX Inpatient — ER/Outpatient — DOA — OTHER — Nursing Home — Residence — Other (Specify)
9b. INSIDE CITY LIMITS? (Yes or No): Yes
9c. FACILITY NAME (If not institution, give street and number): Mount Sinai Medical Center
9d. CITY, TOWN, OR LOCATION OF DEATH: Miami Beach
9e. COUNTY OF DEATH: Miami-Dade
10a. DECEDENT'S USUAL OCCUPATION: Quality Control Associate
10b. KIND OF BUSINESS/INDUSTRY: Car Alternator Company
11. MARITAL STATUS — Married, Never Married, Widowed, Divorced (Specify): Widowed
12. SURVIVING SPOUSE (If wife, give maiden name):
13a. RESIDENCE — STATE: Florida
13b. COUNTY: Miami-Dade
13c. CITY, TOWN, OR LOCATION: Miami Springs
13d. STREET AND NUMBER: 60 Hough Drive
13e. INSIDE CITY LIMITS? (Yes or No): Yes
13f. ZIP CODE: 33166
14. WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes — if yes, specify Mexican, Puerto Rican, etc.): No — Specify: Cuban
15. RACE — American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary: 12; College: 1 or more

PARENTS

17. FATHER'S NAME (First, Middle, Last): Enrique Viaozo
18. MOTHER'S NAME (First, Middle, Maiden Surname): Edelfina Sanfiel

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Teresa Valdespino
19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 370 Hibiscus Drive Miami Springs FL 33166

DISPOSITION

20a. METHOD OF DISPOSITION: XX Burial — Cremation — Removal from State — Donation — Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place): Our Lady Of Mercy
20c. LOCATION — City or Town, State: Miami, Florida
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: [signature]
21b. LICENSE NUMBER (of Licensee): FD 3329
21c. NAME AND ADDRESS OF FACILITY: Bernardo Garcia Funeral Home (Westchester), Inc 8215 Bird Road Miami FL 33155

CERTIFIER

22a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) and manner as stated
(Signature and Title): [signature]
22b. DATE SIGNED (Mo., Day, Yr.): 2/07/02
22c. HOUR OF DEATH: 10:05 P.C.
23a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner as stated
(Signature and Title):
23b. DATE SIGNED (Mo., Day, Yr.):
23c. HOUR OF DEATH:
23d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):
23e. MEDICAL EXAMINER'S CASE #:
24. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print): Ernest A. Traad, M.D., 4300 Alton Road #211, Miami Beach Fl 33140
25a. SUBREGISTRAR — SIGNATURE AND DATE: [signature] 2/13/02
25b. LOCAL REGISTRAR — SIGNATURE: [signature]
25c. DATE REGISTERED (Mo., Day, Yr.): FEB 12 2002

CAUSE OF DEATH BY CERTIFIER

PART I. Enter only one cause per line for (a), (b), and (c). For (a), enter the condition resulting in death. Immediate Cause (Final disease or condition resulting in death): Myocardial Infraction
Sequentially list conditions, if any, leading to the immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST.
(b) DUE TO (OR AS A CONSEQUENCE OF): Cardiogenic Shock
(c) DUE TO (OR AS A CONSEQUENCE OF):
(d) DUE TO (OR AS A CONSEQUENCE OF):
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.
27a. WAS AN AUTOPSY PERFORMED? (Yes or No): NO
27b. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? (Yes or No):
27c. CASE REPORTED TO MEDICAL EXAMINER? (Yes or No): NO
28. IF FEMALE: WAS THERE A PREGNANCY IN THE PAST 3 MONTHS? — YES — XX NO
29. IF SURGERY IS MENTIONED IN PART I or II ENTER CONDITION FOR WHICH IT WAS PERFORMED:
30. DATE OF SURGERY (Mo., Day, Yr.):
31. PROBABLE MANNER OF DEATH (Specify): Natural, accident, suicide, homicide, or undetermined
32a. DATE OF INJURY (Month, Day, Year):
32b. TIME OF INJURY:
32c. INJURY AT WORK? (Yes or No):
32d. DESCRIBE HOW INJURY OCCURRED:
32e. PLACE OF INJURY — At home, farm, street, factory, etc. (Specify):
32f. LOCATION (Street and Number or Rural Route Number, City or Town, State):

DH 812, 9/96 (Replaces HRS Form 5131)

THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE

BY [signature] FEB 12 2002
State Registrar

WARNING: THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK. THE DOCUMENT FACE CONTAINS A MULTI-COLORED BACKGROUND AND GOLD EMBOSSED SEAL. THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.

1327303

FLORIDA DEPARTMENT OF HEALTH

DOH FORM 1584 (10-98)

CERTIFICATION OF VITAL RECORD

VOID IF ALTERED OR ERASED