

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 09, 2003 8:00 am**  
**Secretary of State**

01-09-2003 90043 013 \*\*\*\*70.00

**DOCUMENT # N98000006557**

**1. Entity Name**  
**SOUTH FLORIDA FIREFIGHTERS CALENDAR, INC.**



**Principal Place of Business**  
**7225 POINCIANA CT.**  
**MIAMI LAKES FL 33014**

**Mailing Address**  
**7225 POINCIANA CT.**  
**MIAMI LAKES FL 33014**



☐ CHECK HERE IF MAKING CHANGES

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number** **65-0602111**

Applied For  
Not Applicable

Zip

Country

Zip

Country

**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**

**ESPINOSA, LUIS**  
**7225 POINCIANA CT.**  
**MIAMI LAKES FL 33014**

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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** \_\_\_\_\_ (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  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>D</b> <b>ESPINOSA, LUIS</b> <b>7225 POINCIANA CT.</b> <b>MIAMI LAKES FL 33014</b>			
<b>D</b> <b>ESPONOSA, BERTHA GOMEZ</b> <b>7225 POINCIANA CT.</b> <b>MIAMI LAKES FL 33014</b>			
<b>D</b> <b>RODRIGUEZ, NELSON</b> <b>16411 BRIDGE END RD.</b> <b>MIAMI LAKES FL 33014</b>			

**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]* **ESPINOSE REQUISE ESPINOSA** **1.6.03** **(305) 244-7007**