

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90300 021 ****75.00

DOCUMENT # N99000001499

1. Entity Name

GRUPO DE APOYO A LAS COOPERATIVAS INDEPENDIENTES

Principal Place of Business

1000 PONCE DE LEON BLVD., STE. 312
 MIAMI FL 33135

Mailing Address

1501 SW 6TH ST
 APT 6
 MIAMI FL 33135

2. Principal Place of Business

717 Ponce de Leon Blvd
 Suite, Apt. #, etc.
 326

3. Mailing Address

717 Ponce de Leon Blvd
 Suite, Apt. #, etc.
 326

City & State

Coral Gables, FL
 Zip
 33134 Country
 USA

City & State

Coral Gables, FL
 Zip
 33134 Country
 USA

4. FEI Number

65-0917075

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, DIOSMEL
 1501 SW 6TH ST
 APT # 6
 MIAMI FL 33135

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

TITLE ☒ Delete
 NAME D
 STREET ADDRESS HENRIQUEZ, HERNAN
 CITY-ST-ZIP 1000 PONCE DE LEON BLVD., STE. 312
 CORAL GABLES FL 33134

TITLE ☐ Delete
 NAME D
 STREET ADDRESS RODRIGUEZ, DIOSMEL
 CITY-ST-ZIP 1000 PONCE DE LEON BLVD., STE. 312
 CORAL GABLES FL 33134

TITLE ☐ Delete
 NAME D
 STREET ADDRESS PESTANO, BERNARDO
 CITY-ST-ZIP 1000 PONCE DE LEON BLVD., STE. 312
 CORAL GABLES FL 33134

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
 NAME D
 STREET ADDRESS Rosa VILARINO
 CITY-ST-ZIP 717 Ponce de Leon Blvd
 CORAL GABLES, FL 33134

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS 717 Ponce de Leon Blvd
 CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS 717 Ponce de Leon Blvd
 CITY-ST-ZIP CORAL GABLES, FL 33134

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

Diosmel Rodriguez
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)