

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

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90954 040 ****70.00

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1. Entity Name

GRUPO DE APOYO A LAS COOPERATIVAS INDEPENDIENTES, INC.



Principal Place of Business

**717 PONCE DE LEON BLVD.
326
MIAMI FL 33134**

Mailing Address

**717 PONCE DE LEON BLVD.
326
MIAMI FL 33134**

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 **65-0917075**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**RODRIGUEZ, DIOSMEL
1801 SW 6TH ST
APT # 6
MIAMI FL 33135**

7. Name and Address of New Registered Agent

Name **Diosmel Rodriguez**

Street Address (P.O. Box Number is Not Acceptable)

1501 SW 6 st apt 6

City

419mi

FL

Zip Code

33135

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

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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **RODRIGUEZ, DIOSMEL**
STREET ADDRESS **717 PONCE DE LEON BLVD.**
CITY-ST-ZIP **MIAMI FL 33134**

TITLE **D** ☐ Delete
NAME **PESTANO, BERNARDO**
STREET ADDRESS **717 PONCE DE LEON BLVD.**
CITY-ST-ZIP **MIAMI FL 33134**

TITLE **D** ☐ Delete
NAME **VILARINO, JOSE**
STREET ADDRESS **717 PONCE DE LEON BLVD.**
CITY-ST-ZIP **MIAMI 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
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition
NAME **DIRECTOR**
STREET ADDRESS **CESPEDES Juan Carlos**
CITY-ST-ZIP **717 Ponce de Leon Blvd 326**
Co-91 69615 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

2-27-03 786 312 5728

CR2E037 (10/02)