

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002059

1. Entity Name

MIAMI-DADE COMMUNITY DEVELOPMENT, INC.

FILED
Sep 14, 2000 8:00 am
Secretary of State

04-27-2000 90107 035 ****61.25
 09-14-2000 90038 001 ****61.25
 09-14-2000 90038 002 *****8.75

Principal Place of Business

1616 NW 7TH AVENUE
 MIAMI FL 33131

Mailing Address

12260 SW 8 STREET SUITE 224
 MIAMI FL 33184

2. Principal Place of Business

12260 SW 8 St
 Suite, Apt. #, etc.
 #224

3. Mailing Address

12260 SW 8 St
 Suite, Apt. #, etc.
 #224

City & State
 Miami Florida

City & State
 Miami Florida

Zip
 33184

Country
 USA

Zip
 33184

Country
 USA

4. FEI Number
 65-0908890

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

DE VILLEGAS, ELENA DIAZ
 12260 SW 8 STREET SUITE 224
 MIAMI FL 33184

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
 After September 13, 2000 min. will be \$236.25

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	DIRECTOR	<input type="checkbox"/> Delete
NAME	ELENA DIAZ DE VILLEGAS	
STREET ADDRESS	12260 SW 8 St #224	
CITY-ST-ZIP	MIAMI FLORIDA 33184	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	RAQUEL PUIG ZALDIVAR	
STREET ADDRESS	12260 SW 8 Street #224	
CITY-ST-ZIP	MIAMI FLA 33184	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	MARIA LAZO	
STREET ADDRESS	12260 SW 8 STREET #224	
CITY-ST-ZIP	MIAMI FLA 33184	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Elena Diaz de Villegas
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/30/00 305 551 2600

CR2E037 (5/00)