

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N99000002059**

1. Entity Name

MIAMI-DADE COMMUNITY DEVELOPMENT, INC.**FILED****Mar 21, 2001 8:00 am**
Secretary of State

03-21-2001 90053 001 ****61.25

Principal Place of Business

12260 SW 8 ST
224
MIAMI FL 33184

Mailing Address

12260 SW 8 ST
224
MIAMI FL 33184

2. Principal Place of Business

12260 SW 8 ST #224

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

Zip

Country

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 \$61.259. 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 **D** ☐ Delete
NAME **DIAZ DE VILLEGAS, ELENA**
STREET ADDRESS **12260 SW 8 ST #224**
CITY-ST-ZIP **MIAMI FL 33184**TITLE **D** ☐ Delete
NAME **ZALDIVAR, RAQUEL P**
STREET ADDRESS **12260 SW 8 STREET #224**
CITY-ST-ZIP **MIAMI FL 33184**TITLE **D** ☐ Delete
NAME **LAZO, MARIA**
STREET ADDRESS **12260 SW 8 STREET #224**
CITY-ST-ZIP **MIAMI FL 33184**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)