2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 28, 2002 8:00 am⁵ Secretary of State DOCUMENT # **N99000002059** 1. Entity Name MIAMI-DADE COMMUNITY DEVELOPMENT, INC. 05-28-2002 91608 010 ****61.25 Principal Place of Business Mailing Address 12260 SW B ST 12260 SW 8 ST # 224 # 224 MIAMI FL 33184 MIAMI FL 33184 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0908890 Not Applicable Zip Country Zin Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) DE VILLEGAS, ELENA DIAZ 12260 SW 8 STREET SUITE 224 MIAMI FL 33184 City 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 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ☐ Delete TITLE **X** Change ☐ Addition LOPEZ LUZ-12260 SW 8 ST #224 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Miami FL 33184 CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME lazo, maria p NAME STREET ADDRESS 12260 SW 8 STREET #224 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33184 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME ALEMAN, EVA NAME STREET ADDRESS 12260 SW 8 STREET #224 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33184 CITY-ST-ZIP TITLE PRESIDENT ☐ Delete TITLE ☐ Change ☐ Addition NAME SILVIA MCBRIDE NAME STREET ADDRESS 12260 SW 8 St, #224 STREET ADDRESS CITY-ST-ZIP Miami, Fl 33184 CITY-ST-7iP SECRETARY ☐ Delete TITLE Change Addition NAME Mayelin Chinea NAME STREET ADDRESS STREET ADDRESS 12260 SW 8 St, #224 CITY-ST-ZIE CITY-ST-ZIP liami, Fl 33184 TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 be 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 direct like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED O NTED NAME OF SIGNING OFFICER OR DIRECTOR