

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002146

1. Entity Name

ASOCIACION DAMAS MATAGALPINAS-NICARAGUENESES, IN

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90270 017 ****75.00

Principal Place of Business

Mailing Address

905 BELLE MEADE ISLAND DRIVE
MIAMI FL 33138

905 BELLE MEADE ISLAND DRIVE
MIAMI FL 33138-5249

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

65-0934561

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REYES, THELMA
905 BELLE MEADE ISLAND DRIVE
MIAMI FL 33138

Name

DAMARIS RODRIGUEZ (f damaris@accesspro.net)

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

9120 FONTAINEBLEAU BLVD. # 404

City

MIAMI

FL

Zip Code

33172

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

01/12/00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME REYES, THELMA
STREET ADDRESS 905 BELLE MEADE ISLAND DRIVE
CITY-ST-ZIP MIAMI FL 33138

TITLE SD ☐ Change ☒ Addition
NAME DAMARIS RODRIGUEZ
STREET ADDRESS 9120 FONTAINEBLEAU BLVD. # 404
CITY-ST-ZIP MIAMI FL 33172

TITLE VD ☒ Delete
NAME MONTES, YELVA
STREET ADDRESS 10622 SW 2ND ST LANE
CITY-ST-ZIP MIAMI FL 33165

TITLE TD ☐ Change ☒ Addition
NAME LYDIA DEL PINO
STREET ADDRESS 9733 N.W. 4TH PL
CITY-ST-ZIP MIAMI, FL 33172

TITLE SD ☐ Delete
NAME RODRIGUEZ, NANCY
STREET ADDRESS 1028 SW 124TH AVENUE
CITY-ST-ZIP MIAMI FL 33184

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

TITLE TD ☒ Delete
NAME RIOS, GRIZEYDA
STREET ADDRESS 8620 SW 2ND STREET
CITY-ST-ZIP MIAMI FL 33144

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

TITLE TD ☐ Delete
NAME LYDIA DEL PINO
STREET ADDRESS 9733 N.W. 4 PL
CITY-ST-ZIP MIAMI FL 33172

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

TITLE SD ☐ Delete
NAME DAMARIS RODRIGUEZ
STREET ADDRESS 9120 FONTAINEBLEAU BLVD# 404
CITY-ST-ZIP MIAMI, FL 33172

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 629-9290 01/12/00

CR 11017 00001