

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

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90091 017 ****61.25

DOCUMENT # N99000002572



1. Entity Name
**FUNDACION DIVINA MISERICORDIA ARCA DE LOS SIERVO
S DE LA SANTA VOLUNTAD, INC.**

Principal Place of Business
**5784 S.W. 30TH ST., SUITE A
MIAMI FL 33155**

Mailing Address
**5784 S.W. 30TH ST., SUITE A
MIAMI FL 33155**

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 **65-0960648**

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

**GALLAGHER, GRISELDA N RN,SSV
6353 S.W. 29TH ST
MIAMI FL 33155**

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. 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|------------------------------------|---------------------------------|
| TITLE | C | <input type="checkbox"/> Delete |
| NAME | CRUZ, LUIS MIGUEL SSV | |
| STREET ADDRESS | 5784 S.W. 30TH ST., SUITE A | |
| CITY-ST-ZIP | MIAMI FL 33155 | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | GALLAGHER, GRISELDA N SSV | |
| STREET ADDRESS | 6353 S.W. 29TH ST | |
| CITY-ST-ZIP | MIAMI FL 33155 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | GUTIERREZ, DAVID A SSV | |
| STREET ADDRESS | 5784 S.W. 30TH ST., SUITE A | |
| CITY-ST-ZIP | MIAMI FL 33155 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | FROMETA, CARMEN R EDM,SSV | |
| STREET ADDRESS | 6353 S.W. 29TH ST | |
| CITY-ST-ZIP | MIAMI FL 33155 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | DIAZ-LEON, MARCELA EDM,SSV | |
| STREET ADDRESS | 6353 S.W. 29TH ST | |
| CITY-ST-ZIP | MIAMI FL 33155 | |
| TITLE | O | <input type="checkbox"/> Delete |
| NAME | LOPEZ, MILEDIS | |
| STREET ADDRESS | 2841 S.W. 64TH AVE | |
| CITY-ST-ZIP | MIAMI FL 33155 | |

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

[Signature]

1-31-03

CR2E037 (10/02)