

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 13, 2000 8:00 am
Secretary of State

06-13-2000 90054 001 ****61.25

660937

DO NOT WRITE IN THIS SPACE

DOCUMENT # *N-99000003925*
 1. Entity Name *MADRES POE LA LIBERTAD, INC*

Principal Place of Business *1040 SW 31 AVE* Mailing Address *PO Box 14442*
Miami, FL 33135 *Coral Gables FL 33114*

2. Principal Place of Business *1040 SW 31 AVE* 3. Mailing Address *PO Box 14442*
 Suite, Apt. #, etc.

City & State *Miami FL* City & State *Coral Gables, FL*
 Zip *33135* Country *USA* Zip *33114* Country *USA*

4. FEI Number ☒ Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
Ileana Alfonso
1040 SW 31 AVE
Miami, FL 33135

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 *Ileana Alfonso* DATE *3-29-00*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		
TITLE	<i>P.V.P.S.T.D.</i>	<input type="checkbox"/> Delete
NAME	<i>Ileana Alfonso</i>	
STREET ADDRESS	<i>1040 SW 31 AVE</i>	
CITY-ST-ZIP	<i>Miami</i>	
TITLE	<i>D MARIO GARCIA</i>	<input checked="" type="checkbox"/> Delete
NAME	<i>9401 SW 38th</i>	
STREET ADDRESS	<i>Miami FL 33165</i>	
CITY-ST-ZIP		
TITLE	<i>D Elena Diaz</i>	<input checked="" type="checkbox"/> Delete
NAME	<i>9901 Oneechobee Rd #223</i>	
STREET ADDRESS	<i>Hialeah, FL 33012</i>	
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		
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	<i>D Ricardo Rodriguez</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>1040 SW 31 AVE</i>	
STREET ADDRESS	<i>Miami, FL 33135</i>	
CITY-ST-ZIP		
TITLE	<i>D Christian Pino</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>1040 SW 31 AVE</i>	
STREET ADDRESS	<i>Miami FL 33135</i>	
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: *Ileana Alfonso* *3-29-00 305-631-9014*