

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2000 8:00 am**  
**Secretary of State**

01-13-2000 90016 038 \*\*\*\*61.25

**DOCUMENT # N99000005514**

1. Entity Name

**NINOS HACIA EL FUTURO, INC.**

Principal Place of Business

Mailing Address

**605 OAKS DR., #904  
 POMPANO BEACH FL 33069**

**605 OAKS DR., #904  
 POMPANO BEACH FL 33069-3750**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0950177**

Applied For  
 Not Applicable

Zip Country Zip Country

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

**MARTINEZ, JIMMY  
 605 OAKS DR., #904  
 POMPANO BEACH FL 33069**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	<b>D</b>			<input type="checkbox"/>	<input type="checkbox"/>
	<b>GRACIELA MARTINEZ, MARIA</b>	<b>P.O. BOX 590111</b>	<b>FT. LAUDERDALE FL 33359</b>		
	<b>D</b>			<input type="checkbox"/>	<input type="checkbox"/>
	<b>MARTINEZ, GUSTAVO</b>	<b>P.O. BOX 590111</b>	<b>FT. LAUDERDALE FL 33359</b>		
	<b>D</b>			<input type="checkbox"/>	<input type="checkbox"/>
	<b>SALAZAR, PATRICIA</b>	<b>605 OAKS DR., #904</b>	<b>POMPANO BEACH FL 33069</b>		
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:** *Patricia Salazar* **REQUIRED**

**1/5/00 9549780447**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)