

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

FILED
Feb 17, 2003 8:00 am
Secretary of State

01-09-2003 90087 015 ****61.25

DOCUMENT # N99000005514

1. Entity Name

NINOS HACIA EL FUTURO, INC.

Principal Place of Business

605 OAKS DR., #904
POMPANO BEACH FL 33069

Mailing Address

605 OAKS DR., #904
POMPANO BEACH FL 33069

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 **65-0950177**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTINEZ, JIMMY605 OAKS DR., #904
POMPANO BEACH FL 33069

Name

ALFONSO RUIZ

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

605 OAKS DR., #904

City

POMPANO BEACH, FL

Zip Code

33069

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)

1/7/03

DATE

FILE NOW: FEE IS \$61.259. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete	D	GRACIELA MARTINEZ, MARIA	P.O. BOX 580111	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		FT. LAUDERDALE FL 33359					
<input checked="" type="checkbox"/> Delete	D	MARTINEZ, GUSTAVO	P.O. BOX 580111	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	D	ALFONSO RUIZ	605 OAKS DRIVE #904
		FT. LAUDERDALE FL 33359				POMPANO BEACH, FL	33069
<input type="checkbox"/> Delete	D	SALAZAR, PATRICIA	605 OAKS DR., #904	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	D.S		
		POMPANO BEACH FL 33069					
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **01-07-03**Daytime Phone **954-9844488**

CR2E037 (10/02)