

FILED
Apr 27, 2000 8:00 am
Secretary of State

01-24-2000 90060 021 ****70.00

DOCUMENT # N99000006430

1. Entity Name

SOUTH FLORIDA GANG OUTREACH, INC.

Principal Place of Business

7800 SW 56 ST
MIAMI FL 33155

Mailing Address

7800 SW 56 ST
MIAMI FL 33155-4311

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FFI Number

52-2195448

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

NUNEZ, ALEJANDRO
1607 PONCE DE LEON BLVD
SUITE 101
CORAL GABLES FL 33134

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

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
Department of State

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
 NAME **DELGADO, ALBERTO**
 STREET ADDRESS **7800 SW 56 ST**
 CITY-ST-ZIP **MIAMI FL 33155**

TITLE **D** ☐ Delete
 NAME **NUNEZ, ALEJANDRO**
 STREET ADDRESS **2135 S MIAMI AVE**
 CITY-ST-ZIP **MIAMI FL 33129**

TITLE **D** ☐ Delete
 NAME **BERMELLO, WILLY**
 STREET ADDRESS **2601 S BAYSHORE DR, 10TH FL**
 CITY-ST-ZIP **MIAMI FL 33133**

TITLE **D** ☐ Delete
 NAME **LEYVA, DIEGO**
 STREET ADDRESS **13635 DEERING BAY DR, APT 293**
 CITY-ST-ZIP **CORAL GABLES FL 33158**

TITLE **P** ☐ Delete
 NAME **FORTE, MARIO**
 STREET ADDRESS **2794 W 71ST PLACE**
 CITY-ST-ZIP **HIALEAH FL 33012**

TITLE **V** ☐ Delete
 NAME **FERRER, MARY**
 STREET ADDRESS **743 W 53 ST**
 CITY-ST-ZIP **HIALEAH FL 33012**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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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

ALBERTO M. DELGADO

1-17-00

Date

Daytime Phone #