

DOCUMENT # P00000007696

1. Entity Name

KATHY'S LOVING FACILITY A.L.F. I CORP.

1/10/01-5

FILED
Mar 09, 2001 8:00 am
Secretary of State

01-10-2001 90093 050 ***150.00

Principal Place of Business

Mailing Address

7715 WEST 10 AVE.
HIALEAH FL 330147715 WEST 10 AVE.
HIALEAH FL 33014

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Same

Suite, Apt. #, etc.

Same

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

650974607

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

PEREZ, ADA K
 7652 W 15 AVE.
 HIALEAH FL 33014

Name Zoila Ester Perez

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

7715 W 10 Ave

Hialeah Fl 33014

City Hialeah Fl FL Zip Code 33014

8. The above named entity supports 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

01/01/01

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.
(See criteria on back)☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution.☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME President
 STREET ADDRESS ADA Katrina Perez
 CITY-ST-ZIP 8041 NW 169th Ave
 Miami, Lake Fl 33016

TITLE ☐ Delete
 NAME Vice-President
 STREET ADDRESS Katrina de la C. Collazo
 CITY-ST-ZIP 8041 NW 169th Ave
 Miami Fl 33016

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all officer-like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

President 01/01/01 (786) 218-0081

CR2E034 (10/00)