

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90331 012 \*\*\*150.00

**DOCUMENT # P95000001899**

1. Entity Name

**MIAMI CHILDRENS RESCUE ASSOCIATION, INC.**

Principal Place of Business

9520 S.W. 40TH ST., #205  
 MIAMI FL 33165  
 US

Mailing Address

9520 S.W. 40TH ST., #205  
 MIAMI FL 33165  
 US



2. Principal Place of Business

9520 SW 40 ST

3. Mailing Address

9520 SW 40 ST

Suite, Apt. #, etc.

#205

Suite, Apt. #, etc.

#205

City & State

MIAMI

City & State

MIAMI

4. FEI Number

65-0544487

Applied For

Not Applicable

Zip

33165

Country

FLORIDA

Zip

33165

Country

FLORIDA

5. Certificate of Status Desired

☒ here

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ABRAHAM, ARNALDO  
 9520 S.W. 40TH ST., #205  
 MIAMI FL 33165

7. Name and Address of New Registered Agent

Name  
 MIAMI CHILDRENS RESCUE ASSN

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

MIAMI CHILDRENS RESCUE ASSN

9520 SW 40 ST #205

City

MIAMI

FL

Zip Code

33165

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

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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ABRAHAM, ARNALDO	
STREET ADDRESS	9520 S.W. 40TH ST., #205	
CITY-ST-ZIP	MIAMI FL 33165	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABRAHAM ARNALDO	
STREET ADDRESS	9520 SW 40 ST #205	
CITY-ST-ZIP	MIAMI FLORIDA 33165	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(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 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 other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)