

2002 UNIFORM BUSINESS REPORT (UBR)

0261845 AV

DOCUMENT # P97000054444

1. Entity Name
FUNERARIA LA CATHOLICA, INC.

FILED

02 MAY -1 AM 10:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

6555 N.W. 36TH ST., #114
MIAMI FL 33166

Mailing Address

6555 N.W. 36TH ST., #114
MIAMI FL 33166

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc. 6871 Bird Rd

City & State Miami Fla

Zip 33155 Country Dade

Suite, Apt. #, etc. 6871 Bird Rd

City & State Miami Fla

Zip 33155 Country Dade

4. FEI Number 65-0815386

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KENNEDY, DELIA
6555 N.W. 36TH ST., #114
MIAMI FL 33166

7. Name and Address of New Registered Agent

Name
Street Address 6871 Bird Rd
City Miami 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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME HASIN, ZABIDA
STREET ADDRESS 6555 N.W. 36TH ST., #114
CITY-ST-ZIP MIAMI FL 33166

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TITLE HASIN ZABIDA
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STREET ADDRESS 6871 BIRD RD
CITY-ST-ZIP MIAMI FLA 33155

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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 507, 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 lines empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)