

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State
 05-02-2002 90022 027 ***150.00

DOCUMENT # P98000078879

1. Entity Name
MY GUARDIAN ANGEL ALF, INC.

Principal Place of Business
15088 S.W. 71ST LANE
MIAMI FL 33193

Mailing Address
15088 S.W. 71ST LANE
MIAMI FL 33193



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0862940**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GONZALEZ, MILAGROS M
15088 S.W. 71ST LANE
MIAMI FL 33193

Name **Clara Rodriguez**
 Street Address (P.O. Box Number is Not Acceptable)
4940 SW 116 Ave
Miami-FL
 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 *Clara Rodriguez*
 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	D	<input checked="" type="checkbox"/> Delete
NAME	GONZALEZ, MILAGROS	
STREET ADDRESS	15088 S.W. 71ST LANE	
CITY-ST-ZIP	MIAMI FL 33193	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FERNANDEZ, HEIDI G	
STREET ADDRESS	15088 S.W. 71ST LANE	
CITY-ST-ZIP	MIAMI FL 33193	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FERNANDEZ, GORKI O	
STREET ADDRESS	15088 S.W. 71ST LANE	
CITY-ST-ZIP	MIAMI FL 33193	
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	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Clara Rodriguez	
STREET ADDRESS	4940 SW 116 Ave	
CITY-ST-ZIP	Miami-FL 33165	
TITLE	Secretary & Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alberto Davila	
STREET ADDRESS	4940 SW 116 Ave	
CITY-ST-ZIP	Miami-FL 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		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)