

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 25, 2003 8:00 am**  
**Secretary of State**

02-25-2003 90137 022 \*\*\*\*61.25

0026422

**DOCUMENT # 770271**

1. Entity Name  
**SALVADORAN AMERICAN HUMANITARIAN FOUNDATION, INC**



Principal Place of Business

**2050 CORAL WAY  
600  
MIAMI FL 33145  
US**

Mailing Address

**2050 CORAL WAY  
600  
MIAMI FL 33145  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2339140**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**BEFELER, GEORGE ESQ  
80 SW 8TH STREET  
SUITE 3100  
MIAMI FL 33130**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>SIMAN, JOSE EDUARDO</b>	
STREET ADDRESS	<b>2050 CORAL WAY STE 600</b>	
CITY-ST-ZIP	<b>MIAMI FL 33145</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> Delete
NAME	<b>POMA, ERNESTO</b>	
STREET ADDRESS	<b>2050 CORAL WAY STE 600</b>	
CITY-ST-ZIP	<b>MIAMI FL 33145</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>AVILA, LEON R</b>	
STREET ADDRESS	<b>2050 CORAL WAY STE 600</b>	
CITY-ST-ZIP	<b>MIAMI FL 33145</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>LIE-NIELSEN, MAGDA</b>	
STREET ADDRESS	<b>2050 CORAL WAY STE 600</b>	
CITY-ST-ZIP	<b>MIAMI FL 33145</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BEFELER, GEORGE</b>	
STREET ADDRESS	<b>2050 CORAL WAY STE 600</b>	
CITY-ST-ZIP	<b>MIAMI FL 33145</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>SOL, CONNIE</b>	
STREET ADDRESS	<b>3065 WASHINGTON STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33133</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E037 (10/02)

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR