

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 08:00 AM
Secretary of State

DOCUMENT # N00000007685

1. Entity Name
 UNBABYLON FOUNDATION CORP.

Principal Place of Business 10025 NORTHWEST 46TH STREET SUITE 201 MIAMI FL 33178	Mailing Address 10025 NORTHWEST 46TH STREET SUITE 201 MIAMI FL 33178
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2. Principal Place of Business 15625 S.W. 55 STREET	3. Mailing Address 15625 S.W. 55 STREET
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State MIAMI FL	City & State MIAMI FL
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Zip 33185	Country	Zip 33185	Country
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4. FEI Number Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134 US

7. Name and Address of New Registered Agent

Name
 MANTILLA ARMANDO J
 Street Address (P.O. Box Number is Not Acceptable)
 15625 S.W. 55 STREET
 City MIAMI FL Zip Code 33185

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 ARMANDO J. MANTILLA DATE 05/01/2001
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 Department of State

10. OFFICERS AND DIRECTORS			
TITLE	ID	<input type="checkbox"/> Delete	
NAME	NAVARRO RODRIGO		
STREET ADDRESS	10025 NORTHWEST 46TH STREET		
CITY-ST-ZIP	MIAMI FL 33178		
NAME	SVD MANTILLA ADRIANA M	<input type="checkbox"/> Delete	
STREET ADDRESS	10025 NORTHWEST 46TH STREET		
CITY-ST-ZIP	MIAMI FL 33178		
NAME	PD MANTILLA ARMANDO J	<input type="checkbox"/> Delete	
STREET ADDRESS	10025 NORTHWEST 46TH STREET		
CITY-ST-ZIP	MIAMI FL 33178		
NAME		<input type="checkbox"/> Delete	
STREET ADDRESS			
CITY-ST-ZIP			
NAME		<input type="checkbox"/> Delete	
STREET ADDRESS			
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	ID	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MANTILLA ALFREDO J		
STREET ADDRESS	15625 S.W. 55 STREET		
CITY-ST-ZIP	MIAMI FL 33185		
NAME	SVD MANTILLA ADRIANA M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	15625 S.W. 55 STREET		
CITY-ST-ZIP	MIAMI FL 33185		
NAME	PD MANTILLA ARMANDO J	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	15625 S.W. 55 STREET		
CITY-ST-ZIP	MIAMI FL 33185		
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			
CITY-ST-ZIP			
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			
CITY-ST-ZIP			

12. 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 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: Armando J. Mantilla PD 05/01/2001

CR2E037 (11/00)