

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2002 8:00 am
Secretary of State

07-25-2002 90124 044 ****70.00

DOCUMENT # N01000007973

1. Entity Name

AMERICAN FOUNDATION FOR PEACE, INC.

Principal Place of Business

Mailing Address

**3211 PONCE DE LEON BOULEVARD
 SUITE 202
 CORAL GABLES FL 33134**

**3211 PONCE DE LEON BOULEVARD
 SUITE 202
 CORAL GABLES FL 33134**

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

65-1151715

Applied For

Not Applicable

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

Name

MAIDA SANTANDER

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

3211 PONCE DE LEON Blvd., Suite 202

City

CORAL GABLES

FL

Zip Code

33134

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 **X Maida Santander**

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

X 7/22/02

DATE

**After September 13, 2002,
 min. will be \$236.25.**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DIAZ-YOSEREV, RAFAEL 3211 PONCE DE LEON BOULEVARD SUITE 202 CORAL GABLES FL 33134 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SANTANDER, MAIDA 3211 PONCE DE LEON BOULEVARD SUITE 202 CORAL GABLES FL 33134 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D-C NOBEL, MICHAEL 3211 PONCE DE LEON BOULEVARD SUITE 202 CORAL GABLES FL 33134 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

**VP
 SONIA M. BURINI
 5401 COLLINS AVE, Apt. 1016
 MIAMI BEACH, FL 33140**

CR2E037 (4/02)

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: **X Maida Santander** REQUIRED

X 7/22/02 **X (305) 341-1122**