2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N93000002101

Entity Name: THE ANTIPAS FOUNDATION, INC.

Apr 08, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6701 S.W 116TH CRT SUITE 402 MIAMI, FL 33173

Current Mailing Address: New Mailing Address:

P.O. BOX 14-0062 CORAL GABLES, FL 331140062 US

FEI Number: 65-0414767 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MICHAELS, HENRY D 5210 SW 5 TERRACE MIAMI, FL 33134 US

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

TRP () Delete

Name: GUTIERREZ, JUAN C Address: 6701 SW 116TH CT 402

City-St-Zip: MIAMI, FL

Title: TRVS () Delete Name: BRAIDWOOD, JOHN C

Address: 5220 S.W. 5TH STREET

City-St-Zip: MIAMI, FL

Title: CMDT () Delete
Name: MICHAELS, HENRY D

Address: C/O 5210 SW 5 TERRACE

City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TRP (X) Change () Addition

Name: GUTIERREZ, JUAN C Address: 6701 SW 116TH CT 402 City-St-Zip: MIAMI, FL 33173 US

Title: TRVS (X) Change () Addition

 Name:
 BRAIDWOOD, JOHN C

 Address:
 5220 S.W. 5TH STREET

 City-St-Zip:
 MIAMI, FL 33134 US

Title: CMDT (X) Change () Addition

 Name:
 MICHAELS, HENRY D

 Address:
 C/O 5210 SW 5 TERRACE

 City-St-Zip:
 MIAMI, FL 33134 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HENRY D. MICHAELS CMDT 04/08/2002