

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003134

1. Entity Name

FUNDACION COMPARTIR, INC.

Principal Place of Business

19602 CYPRESS WAY
MIAMI FL 33015

Mailing Address

P.O. BOX 661016
MIAMI SPRINGS FL 33266-1016

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

65-0592601

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

GANS, DORIS
19602 CYPRESS WAY
MIAMI FL 33015

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.

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DP
SEPULVEDA, MAYTEE D
APARTADO POSTAL 492 MERIDA
EDO. MERIDA VENEZUELA

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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TD
GANS, DORIS
19602 CYPRESS WAY
MIAMI FL 33015

☐ Delete

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CITY-ST-ZIP

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DS
LIBERTAD, GLORIA
261 N. COCONUT LANE
MIAMI BEACH FL 33139

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☐ Change ☐ Addition

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~~ DORIS GANS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90013 039 ****61.25

CU011264



DO NOT WRITE IN THIS SPACE