## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Jan 18, 2000 8:00 am Secretary of State DOCUMENT # N95000005889 TEJADA FAMILY FOUNDATION, INC. 01-18-2000 90193 016 \*\*\*\*61 25 Principal Place of Business Mailing Address 6880 SW 132 ST. 6880 SW 132 ST. COUPUUUN MIAMI FL 33156-6928 MIAMI FL 33156 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0634239 Not Armili Country Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6.: Name and Address of Current Registered Agent-Name Street Address (P.O. Box Number is Not Acceptable) TEJADA, FRANCISCO 6880 SW 132 STREET MIAMI FL 33156-7819 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Delete TITLE TITLE Francisco Tejada, Sr. NAME TEJADA, FRANCISCO NAME 6880 SW 132 STreet STREET ADDRESS STREET ADDRESS 6880 SW 132 ST. Mami, FL. 33156 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33156 ☐ Delete ☐ Change TITLE TEJADA, BARBARA NAME STREET ADDRESS STREET ADDRESS 6880 SW 132 ST. CITY-ST-ZIP. \_ CITY-ST-ZIP. MIAMI FL 33156 TITLE ☐ Change ☐ Delete TITLE FRANK, ANA M NAME STREET ADDRESS STREET ADDRESS 4605 WOODCREEK DR. CITY-ST-ZIP CITY-ST-ZIP KENTWOOD MI 49546 \_\_.... TITLE ☐ Change ☐ Delete TITLE NAME TEJADA, SEMIRAMIS NAME STREET ADDRESS STREET ADDRESS 166 E. 34TH STREET/APT 4-K CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10016** ☐ Change ☐ Delete TITLE TITLE NAME TEJADA, BARBARA L NAME STREET ADDRESS STREET ADDRESS 166 E. 34TH STREET/APT 4-K CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10016** ☐ Change ☐ Delete TITLE TITLE

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 in changed, or on an attachment with an address with all either like empowered.

CITY-ST-ZIP

NAME STREET ADDRESS

NAME

STREET ADDRESS

CITY-ST-ZIP

-authorisch Crains Olfresident SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR