

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 15, 2003 8:00 am**  
**Secretary of State**

01-15-2003 90260 023 \*\*\*\*70.00

**DOCUMENT # N98000003137**

1. Entity Name

**MAPET INTERNATIONAL FOUNDATION, INC.**



Principal Place of Business

Mailing Address

~~7920 N.W. 166TH STREET~~  
~~MIAMI LAKES FL 33016~~

~~7920 N.W. 166TH STREET~~  
~~MIAMI LAKES FL 33016~~

**90002828**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

**2655 Le Jeune Road**

3. Mailing Address

**2655 Le Jeune Rd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite # 700**

**Suite # 700**

City & State

City & State

**Coral Gables, FL**

**Coral Gables, FL**

Zip

Country

Zip

Country

**33134**

**USA**

**33134**

**USA**

4. FEI Number **65-0844378**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**PEREZ, MARIO**

**7920 N.W. 166TH STREET**  
**MIAMI LAKES FL 33016**

7. Name and Address of New Registered Agent

Name

**Mario Perez**

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

**2655 Le Jeune Rd Suite #700**

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

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

**Mario Perez**

(NOTE: Registered Agent signature required when reinstating)

**1/13/03**

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PDCE**  
NAME **RIVERA, MARIO P**  
STREET ADDRESS **7920 N.W. 166TH STREET**  
CITY-ST-ZIP **MIAMI LAKES FL 33016**

☐ Delete

TITLE **VSD**  
NAME **DE PEREZ, DAISY T**  
STREET ADDRESS **7920 N.W. 166TH STREET**  
CITY-ST-ZIP **MIAMI LAKES FL 33016**

☐ Delete

TITLE **VD**  
NAME **GARCIA, MANUEL J**  
STREET ADDRESS **7920 N.W. 166TH STREET**  
CITY-ST-ZIP **MIAMI LAKES FL 33016**

☐ Delete

TITLE **TD**  
NAME **TAPIA, DAISY M**  
STREET ADDRESS **7920 N.W. 166TH STREET**  
CITY-ST-ZIP **MIAMI LAKES FL 33016**

☐ Delete

TITLE **D**  
NAME **GARCIA, ANTONIO P**  
STREET ADDRESS **7920 N.W. 166TH STREET**  
CITY-ST-ZIP **MIAMI LAKES FL 33016**

☐ Delete

TITLE **VD**  
NAME **PEREZ, GARCIA MARIA J**  
STREET ADDRESS **7920 N.W. 166TH STREET**  
CITY-ST-ZIP **MIAMI LAKES FL 33016**

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE **Director**  
NAME **Manuel J. Perez Garcia**  
STREET ADDRESS **7920 N.W. 166 street**  
CITY-ST-ZIP **Miami Lakes, FL. 33016**

☒ Change

☐ Addition

TITLE **Director**  
NAME **Daissy M. Perez Tapia**  
STREET ADDRESS **7920 N.W. 166 street**  
CITY-ST-ZIP **Miami Lakes, FL. 33016**

☒ Change

☐ Addition

TITLE **Director**  
NAME **Marcos A. Perez Garcia**  
STREET ADDRESS **7920 N.W. 166 street**  
CITY-ST-ZIP **Miami Lakes, FL. 33016**

☒ Change

☐ Addition

TITLE **Director**  
NAME **Mario Perez Garcia**  
STREET ADDRESS **7920 N.W. 166 street**  
CITY-ST-ZIP **Miami Lakes, FL. 33016**

☒ 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/13/03**

**305-777-0510**

CR2E037 (10/02)