

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90069 007 ****70.00

DOCUMENT # **N 99000006385**
 1. Entity Name
JACQUES MARITAIN FOUNDATION INC.

Principal Place of Business Mailing Address
8250 S.W. 31 ST **8250 S.W. 31 ST.**
MIAMI, FL. 33155 **MIAMI, FL. 33155**

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 Applied For
65-0959546 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
JOSE IGNACIO RASCO
8250 S.W. 31 ST.
MIAMI, FL. 33155

7. Name and Address of New Registered Agent

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: *X [Signature]* (JOSE IGNACIO RASCO) 04/28/00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

| | | |
|----------------|--------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | JOSE IGNACIO RASCO | |
| STREET ADDRESS | 8250 S.W. 31 ST. | |
| CITY-ST-ZIP | MIAMI, FL. 33155 | |
| TITLE | D/S. | <input type="checkbox"/> Delete |
| NAME | LINA DE ARAGON. | |
| STREET ADDRESS | 9922 S.W. 2 ST. | |
| CITY-ST-ZIP | MIAMI, FL. 33174 | |
| TITLE | D/T | <input type="checkbox"/> Delete |
| NAME | PEDRA L. GUERRA. | |
| STREET ADDRESS | 7860 S.W. 22 ST. | |
| CITY-ST-ZIP | MIAMI, FL. 33155 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
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| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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 [Signature]* 04/28/00 (305)223-1146
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/99)