

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N99000006592

FILED
May 06, 2002 8:00 AM
Secretary of State

Entity Name: FUNDACION MANOS DEL SUR, INC.

Current Principal Place of Business:

104 CRANDON BLVD.
SUITE 318
KEY BISCAYNE, FL 33149

Current Mailing Address:

104 CRANDON BLVD.
SUITE 318
KEY BISCAYNE, FL 33149

New Principal Place of Business:

104 CRANDON BLVD.
SUITE 427
KEY BISCAYNE, FL 33149

New Mailing Address:

104 CRANDON BLVD.
SUITE 427
KEY BISCAYNE, FL 33149

FEI Number: 65-0959520

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CALVO, LIZABETH F
328 CRANDON BLVD.
SUITE 226
KEY BISCAYNE, FL 33149 US

Name and Address of New Registered Agent:

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:

Title: D () Delete
Name: BATLLE, CLAUDIA
Address: 140 CRANDON BLVD. STE 318
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D () Delete
Name: BATLLE-MONTES, PAULINA
Address: 104 CRANDON BLVD. STE 318
City-St-Zip: KEY BISCAYNE, FL 33149

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BATLLE, CLAUDIA
Address: 104 CRANDON BLVD. STE 427
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D (X) Change () Addition
Name: BATLLE-MONTES, PAULINA
Address: 104 CRANDON BLVD. STE 427
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D () Change (X) Addition
Name: ROHM, ALEXANDRA
Address: 104 CRANDON BLVD. STE 427
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D () Change (X) Addition
Name: GANA, RODRIGO
Address: 104 CRANDON BLVD. STE 427
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D () Change (X) Addition
Name: PARODI, GONZALO
Address: 104 CRANDON BLVD. ST427
City-St-Zip: KEY BISCAYNE, FL 33149

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: PAULINA BATLLE MONTES

D

05/06/2002

Electronic Signature of Signing Officer or Director

Date