

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # *N 99000007061*
 Entity Name
PIES Descalzos International Foundation Corp.

FILED

03 APR 24 PM 3:22

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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Principal Place of Business <i>2655 COLLINS AVE</i>	3. Mailing Address <i>SAME 2655 Collins Ave</i>
Suite, Apt. #, etc. <i>407</i>	Suite, Apt. #, etc. <i>407</i>
City & State <i>MIAMI BEACH, Florida</i>	City & State <i>Florida MIAMI BEACH</i>
Zip <i>33140</i>	Country <i>DADE</i>
Zip <i>33140</i>	Country <i>DADE</i>

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4. FEI Number <i>65-0979683</i>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name <i>Aymee Cepeda</i>
Street Address (P.O. Box Number is Not Acceptable) <i>8415 S.W. 107 Ave #363 W.</i>
City <i>MIAMI</i> FL Zip Code <i>33173</i>

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 *Aymee Cepeda* (Register Agent)
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25
Initial or Amended UBR**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

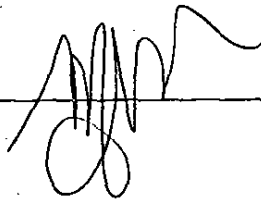
**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE <i>D</i>	<i>President Director</i>	TITLE	
NAME	<i>REN. SONIA BECERRA</i>	NAME	
STREET ADDRESS	<i>2655 COLLINS AVE #407</i>	STREET ADDRESS	
CITY-ST-ZIP	<i>MIAMI BEACH, FL. 33140</i>	CITY-ST-ZIP	
TITLE	<i>Vice President</i>	TITLE	
NAME	<i>REN. Humberto Becerra</i>	NAME	
STREET ADDRESS	<i>2655 COLLINS AVE #407</i>	STREET ADDRESS	
CITY-ST-ZIP	<i>MIAMI BEACH, FL. 33140</i>	CITY-ST-ZIP	
TITLE	<i>SECRETARY</i>	TITLE	
NAME	<i>DAFAEL MERA</i>	NAME	
STREET ADDRESS	<i>7649 N.W. 181 TERR.</i>	STREET ADDRESS	
CITY-ST-ZIP	<i>MIAMI, FL. 33015</i>	CITY-ST-ZIP	
TITLE	<i>TREASURER</i>	TITLE	
NAME	<i>ABELE CEPEDA</i>	NAME	
STREET ADDRESS	<i>4241 W. 15 AVE</i>	STREET ADDRESS	
CITY-ST-ZIP	<i>MIAMI, FL. 33012</i>	CITY-ST-ZIP	
TITLE	<i>REN. Carlos Romero</i>	TITLE	
NAME	<i>DIRECTOR</i>	NAME	
STREET ADDRESS	<i>1001 S.W. 18th Ave</i>	STREET ADDRESS	
CITY-ST-ZIP	<i>MIAMI, FL. 33135</i>	CITY-ST-ZIP	
TITLE	<i>DIRECTOR</i>	TITLE	
NAME	<i>REN. Larry Hekey</i>	NAME	
STREET ADDRESS	<i>P.O. BOX 1438</i>	STREET ADDRESS	
CITY-ST-ZIP	<i>SWAINS BORO, GA. 30401</i>	CITY-ST-ZIP	

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 05/08/03--01087--014 **\$61.25

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *REN. SONIA BECERRA*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/03 786-287-7510
Date Daytime Phone #