FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 12, 2003 8:00 am
Secretary of State
03-12-2003 90089 046 ****61.25

DOCUMENT 1. Entity Name	#	и9300	00001887	
•	ARE	LLANO	FOUNDATION,	INC.



DO NOT WRITE IN THIS SPACE 2. Principal Proce of Business Suite, Apt. 4, etc. Suite, Apt. 4, etc. City & State	•	THE ARELLANO FOUN	DATION, INC.				
Surto, Appl. 4. Biological Surto, Appl. 4. Biological Formation (City & Surto) Zip Country Zip Country 5. Country 5. Confliction of Status Desired 5. \$4. FEI Number 1. \$4. FEI Number 1. \$4. FEI Number 2. \$4. FEI Number 2. \$4. FEI Number 2. \$4. FEI Number 3. \$4. FEI Number 4. \$4. FEI Number 5. \$4. FEI Number 6. Status Desired 6. \$4. FEI Number 6. \$4. FEI Number 6. FEI Number 6. \$4. FEI Number 6. \$4. FEI Number 6. \$4. FEI Number 6. FEI Number 6. \$4. FEI Number 6. \$4. FEI Number 6. \$4. FEI Number 6. FEI Number 6. \$4. FEI Number 6. \$4. FEI Number 6. FEI Number 6. \$4.				PACE		700270	155
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Zip Country Zip Country S. Conflicted of Statuta Desired St. 78 Applicable	Suite, Apt. #,	etc.	Suite, Apt. #, etc.				
S. Carricates of Curront Registered Agent Fee Required Fee R	City & State		City & State		4.	FEI Number	
DO NOT WRITE IN THIS SPACE City FL Zip Code The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Pronde. I am isemiliar with, and accopt the obligation of registered agent, or both, in the State of Pronde. I am isemiliar with, and accopt the obligation of registered agent, or both, in the State of Pronde. I am isemiliar with, and accopt the obligation of registered agent, or both, in the State of Pronde. I am isemiliar with, and accopt the obligation of registered agent, or both, in the State of Pronde. I am isemiliar with, and accopt the obligation of registered agent, or both, in the State of Pronde. I am isemiliar with, and accopt the obligation of registered agent, or both, in the State of Pronde. I am isemiliar with, and accopt the obligation of Pronde. I am isemiliar with, and a	Zip	Country	Zip	Country	5.	Certificate of Status Desired	
DO NOT WRITE IN THIS SPACE City					7. N	lame and Address of Current Register	red Agent
IN THIS SPACE City FL Zip Code 8. The above named antily submits this statement for the purpose of changing its registered agent, or both, in the State of Plands. I am familiar with, and accept the obligations of registered agent. SIGNATURE January 1 - May 1 Fee is \$150.00 Are the state of Plands. I am familiar with, and accept the obligations of registered agent. After May 1 Fee is \$150.00 Amended UBR is \$61.25 Make Check Payable to Finded Department of State 10. \$ OFFICERS AND DIRECTORS MILE DPS Are 1 Iano, Jorge R. 200 S. Biscayne Blvd., Ste# 4100 Mainti, Fl 33131 Fernandez-Quincoces, Guillermo 200 S. Biscayne Blvd., Ste# 4199 Mainti, Fl 33131 Fine Advances Mainti, Fl 33131 DT Are 2701 Le Jeune Rd., Ste 300 Coral Gables, Fl 33134 DO NOT WRITE INE INE INE INE INE INE INE	سيسود فيساد الراميد	and the substitute of the subs		Carrie Carrier			
E. The above named enally submits this statement for the purpose of changing its registered office or registered agent. SIGNATURE SIGNATURE Dignature, Institute produced agent are 1 replicable Ord E. Registered agent, or both, in the State of Florida. Lam formiliar with, and accept the obligations of registered agent. SIGNATURE Dignature, Institute produced agent are 1 replicable Ord E. Registered agent, or both, in the State of Florida. Lam formiliar with, and accept the obligations of registered agent. SIGNATURE Dignature, Institute produced agent are 1 replicable Ord E. Registered Agent segrature recalled agent refused by the produced agent are 1 replicable Ord E. Registered Agent segrature recalled agent refused by the produced agent are 1 replicable Ord E. Registered Agent segrature recalled agent refused by the produced agent refused agent refused by the produced agent refused agent refused by the produced agent refused agent refused agent refused by the produced agent refused agent refused agent refused agent refused agent refused agent refused by the produced agent refused agent refuse		1864 TIER 1 COLUMN 1		Street Ad	dress (P.O.	Box Number is Not Acceptable)	
8. The above named only submits the statement for the purpose of changing its registered agent, or both, in the State of Plonda. Lam familiar with, and accept the obligations of registered agent. SIGNATURE Signature, have a present agent of requirement agent and file if agent agent with the obligations of registered agent. SIGNATURE Signature, have a present agent of registered agent. May 1 Fee is \$150.00 After May 1 Fee is \$150.00 After May 4 Fee is \$550.00 Anter day 4 IRS is \$61.25 Make Check Payable to Florida Department of State 10. \$ OFFICERS AND DIRECTORS TILL DPS 3 Are 1 lano, Jorge R. Are 1 lano, Jorge R. SIREL ADDRESS Miximi, F1 33131 Fernandez – Quincoces, Guillermo 200 S. Biscayne Blvd., Ste. # 4109 Miximi, F1 33131 TILL Pernandez – Quincoces, Guillermo 200 S. Biscayne Blvd., Ste. # 4199 Miximi, F1 33131 TILL Alexander, Gary D. 2701 LeJeune Rd., Ste 300 Coral Gables, F1 33134 TILL MAKE SIREL ADDRESS COY-S1-2P TILL ST. THIS SPACE		IN THIS SF	ACE	95	, , , , , , , , , , , , , , , , , , , ,		
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SIGNATURE Signature May 1 Fee is \$150.00 After May 1, Fee is \$55.00 May Be Added to Fees Make Check Payable to Florida Department of State	8. The above r	amed entity submits this statement for	or the purpose of changing (ts registered office or	registered a	gent, or both, in the State of Florida. I ar	n (amiliar with, and accept
Signature, phone or previous name of regreeced agric and the first process. Signature, phone or previous name of regreeced agric and the first phone of regreeced agric an	the obligation	ns of registered agent.					
Signature, plant of repears name of repears and the factorises Signature	SIGNATI IRE	50 50				DAT	
After May 1, Fee is \$50.00 Make Check Payable to Florida Department of State 10. \$ OFFICERS AND DIRECTORS TILLE NAME Areilano, Jorge R. 200 S. Biscayne Blvd., Ste#4100 Miami, Fl 33131 TILLE Pernandez-Quincoces, Guillermo 200 S. Biscayne Blvd., Ste.#4199 SIREET ADDRESS CITY-SI-2P Miami, Fl 33131 TILLE Alexander, Gary D. 2701 LeJeune Rd., Ste 300 Coral Gables, Fl 33134 TILLE MAME SIREET ADDRESS CITY-SI-2P TILLE MAME SIRET	,		and title if applicable. (NC	OTE: Registered Agent signatu	e redillea wasi		
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12. Thereby 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 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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(iii), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(iii), Florida Statutes.	CITY-ST-ZIP	partify that the information supplied w	rith this filing does not qualify		ted in Section	on 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 it made under dall; that it all all of the corporation or the reperior or trustee empowered to execute this report as required by Chapter 607, Florida Statutes: and that my name appears in Block 10 or on an attachment with an addition, with all other like empowered.