

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) - A M E N D E D

FILED

DOCUMENT # N93000001887

1. Entity Name

THE ARELLANO FOUNDATION, INC.



03 JUN -17 PM 1:22

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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2. Principal Place of Business

200 S. Biscayne Blvd

3. Mailing Address

SAME

Suite, Apt. #, etc.

4100 Floor

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Zip

33131

Country

Zip

Country

4. FEI Number

65-0413902

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

Corporate International Registered Agents

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

200 South Biscayne Blvd.

Suite 4100

City

Miami

FL

Zip Code 33131

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPS
NAME	Arellano, Jorge R.
STREET ADDRESS	200 S. Biscayne Blvd. #4100
CITY-ST-ZIP	Miami, FL 33131
TITLE	D
NAME	Fernández-Quincoces, Guillermo
STREET ADDRESS	200 S. Biscayne Blvd., #4100
CITY-ST-ZIP	Miami, FL 33131
TITLE	DT
NAME	Alexander, Gary D.
STREET ADDRESS	2701 LeJeune Rd., Ste. 300
CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	D
NAME	Arellano, Ana Laura
STREET ADDRESS	605 Ocean Drive, Apt. 5M
CITY-ST-ZIP	Key Biscayne, FL 33149
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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IN THIS SPACE

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 supplementary 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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

2712