

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 726782

FILED
Sep 09, 2003
Secretary of State

Entity Name: THE AYMARA FOUNDATION, INC.

Current Principal Place of Business:

FLORIDA INTERNATIONAL UNIVERSITY
COLLEGE OF HEALTH & URBAN AFFAIRS
MIAMI, FL 33199 US

New Principal Place of Business:

Current Mailing Address:

100 LINCOLN RD.
APT. 814
MIAMI BEACH, FL 33139 US

New Mailing Address:

FEI Number: 23-7366815 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DUGGAN, J ROBERT
1029 W MAGNOLIA ST
LEESBURG, FL 34748 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: VD () Delete
Name: COLLINS, JANE
Address: 1714 HELENA ST
City-St-Zip: MADISON, WI 53704

Title: PD () Delete
Name: ABERCROMBIE, THOMAS
Address: 12 E. 8TH APT 4A
City-St-Zip: NEW YORK, NY 10003

Title: TD () Delete
Name: MIRACLE, ANDREW
Address: 100 LINCOLN RD # 814
City-St-Zip: MIAMI BEACH, FL 33139

Title: SD () Delete
Name: LEAVITT, ROBERT M.
Address: 219 CHARLOTTE STREET
City-St-Zip: FREDERICTON, NB, CANADA, E3B1L5

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ANDREW W. MIRACLE

TD

09/09/2003

Electronic Signature of Signing Officer or Director

_____ Date