

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 758712

FILED  
Jan 05, 2002  
Secretary of State

Entity Name: ARANGO DESIGN FOUNDATION, INC.

## Current Principal Place of Business:

7063 SW 53 LANE  
MIAMI, FL 33155

## New Principal Place of Business:

## Current Mailing Address:

7063 SW 53 LANE  
MIAMI, FL 33155

## New Mailing Address:

FEI Number: 59-2139450

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ARANGO, JUDITH  
7063 SOUTH WEST 53 LANE  
MIAMI, FL 33155

## Name and Address of New Registered Agent:

HENDERSON, JUDITH ARANGO  
7063 SOUTH WEST 53 LANE  
MIAMI, FL 33155

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: JUDITH ARANGO HENDERSON

01/05/2002

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: VD ( ) Delete  
Name: KAUL, J. MIKAEL  
Address: 4041 ENSENADA  
City-St-Zip: MIAMI, FL 33133

Title: TD ( ) Delete  
Name: HAMPTON, MARK,  
Address: 3900 LOQUAT AVENUE  
City-St-Zip: MIAMI, FL

Title: PD ( ) Delete  
Name: ARANGO, JUDITH,  
Address: 7063 SW 53 LANE  
City-St-Zip: MIAMI, FL

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: KAUL, J. MIKAEL  
Address: 4041 ENSENADA  
City-St-Zip: MIAMI, FL 33133

Title: TD (X) Change ( ) Addition  
Name: HAMPTON, MARK  
Address: 3900 LOQUAT AVENUE  
City-St-Zip: MIAMI, FL 33133

Title: DR (X) Change ( ) Addition  
Name: HENDERSON, JUDITH ARANGO  
Address: 7063 SW 53 LANE  
City-St-Zip: MIAMI, FL 33155

Title: VD ( ) Change (X) Addition  
Name: FARMER, DIANA URSULA  
Address: 3701 PONCE DE LEON BLVD  
City-St-Zip: CORAL GABLES, FL 33134

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: JUDITH ARANGO HENDERSON

DR

01/05/2002

Electronic Signature of Signing Officer or Director

Date