# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Feb 25, 2003 8:00 am**
**Secretary of State**
01-23-2003 90177 030 ****61.25

DOCUMENT # 758712

1. Entity Name
ARANGO DESIGN FOUNDATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 7063 SW 53 LANE<br>MIAMI FL 33155 | 7063 SW 53 LANE<br>MIAMI FL 33155 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-2139450 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired: ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

**FILE NOW: FEE IS $61.25**

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

**Make Check Payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>KAUL, J. MIKAEL<br>4041 ENSENADA<br>MIAMI FL 33133 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | President D<br>Anthony J. Abbate<br>1222 SE 1 St Fort Laud FL 33303 ☑ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>HAMPTON, MARK<br>3900 LOQUAT AVENUE<br>MIAMI FL 33133 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DR<br>HENDERSON, JUDITH ARANGO<br>7063 SW 53 LANE<br>MIAMI FL 33155 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Vice-President D<br>Rene Gonzalez<br>1571 Pennsylvania AV Apt 6<br>Miami Beach FL 33139 ☑ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>FARMER, DIANA URSULA<br>3701 PONCE DE LEON BLVD<br>CORAL GABLES FL 33134 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Secretary D<br>Maricarmen Martinez<br>3528 Royal Palm Avenue<br>Miami FL 33133 ☑ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ↑ STILL A DIRECTOR<br>- NOT AN OFFICER | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Director D<br>Judith Arango Henderson<br>7063 SW 53 Lane<br>Miami, FL 33155 ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☑ Change ☐ Addition |

CR2E037 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 20-JAN 03 954 4638596
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

All are Directors except M.J. Kaul.