

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Sep 05, 2000 8:00 am**
Secretary of State

09-05-2000 90040 024 ****61.25

DOCUMENT # 759057

1. Entity Name

JORGE MAS CANOSA FREEDOM FOUNDATION, INC.

Principal Place of Business

Mailing Address

**7300 NW 35TH TERR., SUITE 104
MIAMI FL 33122****7300 NW 35TH TERR., SUITE 104
MIAMI FL 33122**2. Principal Place of Business
1312 NW 27 AVENUE3. Mailing Address
1312 NW 27 AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI, FLORIDACity & State
MIAMI, FLORIDAZip
33145 Country
USAZip
33145 Country
USA4. FEI Number
59-2122621Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****COSTA, TONY
22290 SW 172ND AVE
MIAMI FL 33170**

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.

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**After September 13, 2000 min. will be \$236.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State****10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**C
HERNANDEZ, ALBERTO M
2695 LE JEUNE RD 3RD FL
CORAL GABLES FL 33134** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
HERNANDEZ, FRANCISCO J.
7300 NW 35TH TERR.
MIAMI FL 33122** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
IRMA MAS
3155 NW 77 AVENUE
MIAMI, FLORIDA 33122** ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
FOYO, FELICIANO M.
5915 GRANADA BLVD.
CORAL GABLES FL** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
JUAN CARLOS MAS
8540 OLD CURTLER ROAD
CORAL GABLES, FLORIDA 33143** ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
COSTA, TONY
22290 SW 172ND AVE.
MIAMI FL** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
JOSE RAMON MAS
10003 SW 89 COURT
MIAMI, FLORIDA 33171** ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VT
NUNEZ, ELPIDIO SR
2100 NW 23RD ST.
MIAMI FL 33142** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VT
JUAN CARLOS MAS
8540 OLD CUTLER ROAD
MIAMI, FLORIDA 33143** ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
PERNAS, DELFIN
11865 SW 26 ST., #8-14
MIAMI FL** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
JOSE RAMON MAS
10003 SW 89 COURT
MIAMI, FLORIDA 33171** ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**
JOSE R. MAS

Date

Daytime Phone #

08/29/00 305-406-1805

CR2E037 (5/00)