

FILED

May 29, 2002 8:00 am
Secretary of State

05-29-2002 93597 002 ****70.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F01000002698

1. Entity Name

AVINA FOUNDATION, INC.

Principal Place of Business

PO BOX 1474, CH-8640
HURDEN, SWITZERLAND

Mailing Address

PO BOX 1474, CH-8640
HURDEN, SWITZERLAND

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

98-0229669

Applied For

Not Applicable

5. Certificate of Status Desired

☒\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CODAS, ROBERTO
2601 SOUTH BAYSHORE DR.
MIAMI FL 33133Engeli, Georg
2601 S. Bayshore Dr.
Miami, FL 33133

Name

Engeli, Georg

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

2601 S. Bayshore Dr.

City

Miami

FL

Zip Code
33133

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

FEBRUARY 14/2002

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake 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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
CD	SCHMIDHEINY, STEPHEN	HURDNERSTRASSE 144	8640 HURDEN SWITZERLAND	M	Engeli, Georg	2601 S. Bayshore Dr.	Miami, FL 33133
V	KAEGI, JACQUES	HURDNERSTRASSE 30	8640 HURDEN SWITZERLAND	D	Cleaves, Dr. Peter	2601 S. Bayshore Dr.	Miami, FL 33133
D	NUESCH, JAKOB	WALDSTRASSE 14	4144 ARLESHEIM, SWITZERLAND				
S	BRAUN, EVELYN	BURGSTRASSE 244	8706 MEILEN/SWITZERLAND				

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 employees.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR BUSINESS

FEB 14/2002