

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

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90266 010 \*\*\*\*70.00

**DOCUMENT # F01000002698**

1. Entity Name

**AVINA FOUNDATION, INC.**



Principal Place of Business

**2601 S. BAYSHORE DRIVE, SUITE 2000  
COCONUT GROVE FL 33133**

Mailing Address

**2601 S. BAYSHORE DRIVE, SUITE 2000  
COCONUT GROVE FL 33133**

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

6. Name and Address of Current Registered Agent

**GALLO, SILVIA  
2601 SOUTH BAYSHORE DR.  
MIAMI FL 33133**

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

TITLE **CD** ☐ Delete  
NAME **SCHMIDHEINY, STEPHEN**  
STREET ADDRESS **HURDNERSTRASSE 144**  
CITY-ST-ZIP **8640 HURDEN SWITZERLAND**

TITLE **V** ☐ Delete  
NAME **KAEGI, JACQUES**  
STREET ADDRESS **HURDNERSTRASSE 30**  
CITY-ST-ZIP **8640 HURDEN SWITZERLAND**

TITLE **D** ☒ Delete  
NAME **NUESCH, JAKOB**  
STREET ADDRESS **WALDSTRASSE 14**  
CITY-ST-ZIP **4144 ARLESHEIM, SWITZERLAND**

TITLE **S** ☐ Delete  
NAME **BRAUN, EVELYN**  
STREET ADDRESS **BURGSTRASSE 244**  
CITY-ST-ZIP **8706 MEILEN/SWITZERLAND**

TITLE **M** ☒ Delete  
NAME **ENGELI, GEORG**  
STREET ADDRESS **2601 S BAYSHORE DR**  
CITY-ST-ZIP **MIAMI FL 33133**

TITLE **D** ☐ Delete  
NAME **CLEAVES, DR PETER**  
STREET ADDRESS **2601 S BAYSHORE DR**  
CITY-ST-ZIP **MIAMI FL 33133**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition  
NAME **Stockli, Erich**  
STREET ADDRESS **Gettnau**  
CITY-ST-ZIP **Langnau/Albis, Switzerland**

TITLE **D** ☐ Change ☐ Addition  
NAME **Fuchs, Peter**  
STREET ADDRESS **Wettingen, Hornussen**  
CITY-ST-ZIP **Bondo, Switzerland**

TITLE **D** ☐ Change ☒ Addition  
NAME **Fuchs, Peter**  
STREET ADDRESS **Wettingen, Hornussen**  
CITY-ST-ZIP **Bondo, Switzerland**

TITLE **M** ☐ Change ☐ Addition  
NAME **Gallo, Silvia**  
STREET ADDRESS **2601 S. Bayshore Drive**  
CITY-ST-ZIP **Miami, FL 33133**

TITLE **M** ☐ Change ☒ Addition  
NAME **Gallo, Silvia**  
STREET ADDRESS **2601 S. Bayshore Drive**  
CITY-ST-ZIP **Miami, FL 33133**

TITLE **D** ☐ Change ☐ Addition  
NAME **CLEAVES, DR PETER**  
STREET ADDRESS **2601 S BAYSHORE DR**  
CITY-ST-ZIP **MIAMI FL 33133**

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**

**Feb. 11, 2003**

**305.929-2305**

CR2E037 (10/02)