

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

FILED
Mar 25, 2003 8:00 am
Secretary of State

03-25-2003 90065 047 ****61.25

DOCUMENT # F02000001112

1. Entity Name
INSTITUTE FOR MEXICAN DEVELOPMENT INC.



Principal Place of Business
**847-A SECOND AVENUE, SUITE 347
NEW YORK NY 10017**

Mailing Address
**847-A SECOND AVENUE, SUITE 347
NEW YORK NY 10017**

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 **31-1797580**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 **P** ☐ Delete
NAME **RENNIE, RENATE**
STREET ADDRESS **55 EAST 59TH STREET**
CITY-ST-ZIP **NEW YORK NY 10022**

TITLE **D** ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **RUBIO, LUIS DR.**
STREET ADDRESS **JAIME BALMES 11-D-2, COL. POL. LOS MORALES**
CITY-ST-ZIP **11510 MEXICO, D.F.**

TITLE **D** ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **DONNELLY, JOHN**
STREET ADDRESS **270 PARK AVENUE, 18TH FLOOR**
CITY-ST-ZIP **NEW YORK NY 10017**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **P. O. Box 60326-608**
CITY-ST-ZIP **HOUSTON, TEXAS 77205**

TITLE **D** ☐ Delete
NAME **ALLEN, CHRISTOPHER DR.**
STREET ADDRESS **UNIVERSITY OF GEORGIA, BALDWIN HALL 104**
CITY-ST-ZIP **ATHENS GA 30602**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **PURCELL, SUSAN K DR.**
STREET ADDRESS **270 PARK AVENUE, 18TH FLOOR**
CITY-ST-ZIP **NEW YORK NY 10017**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **680 Park Avenue**
CITY-ST-ZIP **New York, NY 10021-6247**

TITLE **D** ☒ Delete
NAME **TERREIN, CLAUDE**
STREET ADDRESS **AV. PRES. MASARIL 101-602**
CITY-ST-ZIP **COL. CHAP. POLANCO, MEXICO DF**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **RENAME RENNE, President** *Renate Rennie* **3-19-03** (212) 421-6858

CR2E037 (10/02)