

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000000220

1. Entity Name

VENEZUELA WITHOUT BOUNDARIES FOUNDATION, INC.

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90142 043 \*\*\*\*70.00

Principal Place of Business  
201 S. BISCAYNE BOULEVARD  
34TH FLOOR  
MIAMI FL 33131

Mailing Address  
201 S. BISCAYNE BOULEVARD  
34TH FLOOR  
MIAMI FL 33131

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

City & State  
Zip Country

4. FEI Number  
65-0972537

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
GARCIA-OLIVER, ANGEL M ESQ.  
FERRELL SCHULTZ CARTER & FERTEL, P.A.  
201 SOUTH BISCAYNE BOULEVARD 34TH FLOOR  
MIAMI FL 33131

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.

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  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PD	FAJARDO, OSWALDO C	201 S. BISCAYNE BOULEVARD 34TH FLOOR	MIAMI FL 33131	<input type="checkbox"/>
VSTD	GOMEZ, MIREYA B	201 S. BISCAYNE BOULEVARD 34TH FLOOR	MIAMI FL 33131	<input type="checkbox"/>
D	BLAVIA, ANTONIO	201 S. BISCAYNE BOULEVARD 34TH FLOOR	MIAMI FL 33131	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 DIRECTOR 4-11-00 305-371-8585.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)