FILED
Jul 02, 2002 8:00 am
Secretary of State
03-26-2002 90049 001 ****70.00

- 37445

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000000658

1. Entity Name

UNITED STATES BLOOD BANK FOUNDATION INC.

Principal Place of Business	Mailing Address
351 N.W. 42ND AVENUE SUITE 104 MIAMI FL 33126	351 N.W. 42ND AVENUE SUITE 104 MIAMI FL 33126

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number APPLIED FOR 65-0082553 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

VILLEGAS, JULIO F
6430 S.W. 43RD ST
MIAMI FL 33155

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD VILLEGAS, JULIO F 6430 S.W. 43RD ST MIAMI FL 33155	☐ Delete	PD VILLEGAS, JULIO F	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD RAZZA, BRUCE 6430 S.W. 43RD ST MIAMI FL 33155			☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SOTOLONGO, ENRIQUE 6430 S.W. 43RD ST MIAMI FL 33155	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Ventes Maria E 6430 SW 43 St Miami FL 33155	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (9/01)

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 3/6/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment Document # N00000000658

UNITED STATES BLOOD BANK, INC.
351 N.W. 42ND AVE. STE. 103
MIAMI, FL 33126

CONTINENTAL NATIONAL BANK OF MIAMI
BIRD ROAD BRANCH
MIAMI, FLORIDA 33155

Attachment 5527

3/12/2002

PAY TO THE ORDER OF Division of Corporations Uniform Business Report Filings

$ 70.00

Seventy 00/100 DOLLARS

37445

MEMO United States Blood Bank Foundation, Inc.

⑈005527⑈ ⑆066009456⑆ ⑈ 50008517⑈

UNITED STATES BLOOD BANK, INC.

5527

Division of Corporations Uniform Business Report Filings

3/12/2002 70.00

UNITED STATES BLOOD BANK, INC.

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Division of Corporations Uniform Business Report Filings

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