

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90030 035 \*\*\*\*61.25

**DOCUMENT # N00000000935**

1. Entity Name

**JOSEFA PEREZ DE CASTANO KIDNEY FOUNDATION, INC.**

Principal Place of Business

Mailing Address

825 S.W. 28TH ROAD  
 MIAMI FL 33129

825 S.W. 28TH ROAD  
 MIAMI FL 33129

2. Principal Place of Business

3. Mailing Address

970 S.W. 1st Street

(Suite) Apt. #, etc.  
 407

Suite, Apt. #, etc.

City & State

City & State

MIAMI, Florida

4. FEI Number

65-0992434

Applied For

Not Applicable

Zip

Country

Zip

Country

33130

U.S.A.

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEREZ, MARIA C  
 825 S.W. 28TH ROAD  
 MIAMI FL 33129

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	PEREZ, MARIA C	
STREET ADDRESS	825 S.W. 28TH ROAD	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	PEREZ, JULIO A	
STREET ADDRESS	3554 N.W. 12TH ST.	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE	TD	<input type="checkbox"/> Delete
NAME	APARICIO, ELOY P	
STREET ADDRESS	1171 S.W. 8TH ST.	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BAUTA, OTTO G	
STREET ADDRESS	1901 S.W. 5TH AVE.	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Signature Required*

4-3-02

305-545-7844

786-512-3031

CR2E037 (9/01)