

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

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90062 043 \*\*\*\*70.00

**DOCUMENT # N00000000935**



1. Entity Name  
**JOSEFA PEREZ DE CASTANO KIDNEY FOUNDATION, INC.**

Principal Place of Business  
**970 S.W. 1ST STREET  
407  
MIAMI FL 33130**

Mailing Address  
**825 S.W. 28TH ROAD  
MIAMI FL 33129**

**11007107**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-0992434</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
<b>PEREZ, MARIA C 825 S.W. 28TH ROAD MIAMI FL 33129</b>				Name							
				Street Address (P.O. Box Number is Not Acceptable)							
				City				<b>FL</b>		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]* DATE \_\_\_\_\_

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

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	<b>PD</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>PEREZ, MARIA C</b>			NAME			
STREET ADDRESS	<b>825 S.W. 28TH ROAD</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>MIAMI FL 33129</b>			CITY-ST-ZIP			
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>PEREZ, JULIO A</b>			NAME			
STREET ADDRESS	<b>3554 N.W. 12TH ST.</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>MIAMI FL 33125</b>			CITY-ST-ZIP			
TITLE	<b>TD</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>APARICIO, ELOY P</b>			NAME			
STREET ADDRESS	<b>1171 S.W. 8TH ST.</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>MIAMI FL 33130</b>			CITY-ST-ZIP			
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>BAUTA, OTTO G</b>			NAME			
STREET ADDRESS	<b>1901 S.W. 5TH AVE.</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>MIAMI FL 33129</b>			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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]* **SIGNATURE REQUIRED** **4-15-03 305-545-7844**

CR2E037 (10/02)