

2001 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jun 08, 2001 8:00 am
Secretary of State

05-10-2001 90149 013 ****61.25

DOCUMENT # N00000002381

1. Entity Name

EFFECT FOUNDATION, INC.

Principal Place of Business

Mailing Address

2141 NORTHWEST 64TH AVENUE #16
 SUNRISE FL 33313

2141 NORTHWEST 64TH AVENUE #16
 SUNRISE FL 33313

2. Principal Place of Business

129 NW 2ND AVE

3. Mailing Address

129 NW 2ND AVE

Suite, Apt. #, etc.

32

Suite, Apt. #, etc.

32

City & State

HALLENDALE FL.

City & State

HALLENDALE FL

Zip

33009

Country

BROWARD

Zip

33009

Country

Broward

DO NOT WRITE IN THIS SPACE



4. FEI Number

65-0998261

Applied For

Not Applicable

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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

ROCIO NARANJO - TORRES

4. 20. 01

Signature, typed or printed name of registered agent and title if applicable.

(NO E: 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 **PTD** ☐ Delete
 NAME **TORRES, ROCIO N**
 STREET ADDRESS **2141 NORTHWEST 64TH AVENUE #16**
 CITY-ST-ZIP **SUNRISE FL 33313**

TITLE **PTD** ☒ Change ☐ Addition
 NAME **TORRES, ROCIO N**
 STREET ADDRESS **129 NW 2ND AVE # 32**
 CITY-ST-ZIP **HALLENDALE FL. 33009**

TITLE **VDD** ☐ Delete
 NAME **FAROOQUI, MOHAMMAD**
 STREET ADDRESS **2141 NORTHWEST 64TH AVENUE #16**
 CITY-ST-ZIP **SUNRISE FL 33313**

TITLE **VDD** ☒ Change ☐ Addition
 NAME **FAROOQUI, MOHAMMAD**
 STREET ADDRESS **129 NW 2ND AVE # 32**
 CITY-ST-ZIP **HALLENDALE FL. 33009**

TITLE **D** ☐ Delete
 NAME **NAVEED, ARIF**
 STREET ADDRESS **2141 NORTHWEST 64TH AVENUE #16**
 CITY-ST-ZIP **SUNRISE FL 33313**

TITLE **D** ☒ Change ☐ Addition
 NAME **NAVEED, ARIF**
 STREET ADDRESS **2141 NW 2ND AVE # 32**
 CITY-ST-ZIP **HALLENDALE FL. 33009**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

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 employees.

SIGNATURE:

ROCIO NARANJO - TORRES

4. 20. 01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)