

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000002895

1. Entity Name

FUNDACION ALBERQUE INFANTIL DE BOGOTA, YOLANDA P

08-21-2000 90210 020 ****61.25

N00000002895

FILED

SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 10 AM 11:19

Principal Place of Business

Mailing Address

6039 COLLINS AVE. STE 1734
MIAMI BEACH FL 33140

6039 COLLINS AVE. STE 1734
MIAMI BEACH FL 33140

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1030040

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

SYGMAN, FORREST
328 MINORCA AVE, 2ND FLOOR
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name **LUIS F. SILVA**

Street Address (P.O. Box Number is Not Acceptable)
16300 NE 19 AVE #100

City **NORTH MIAMI BEACH FL** Zip Code **33162**

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 re-registering)

8/16/00

DATE

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

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	PRESIDENT	☐ Delete
NAME	CLARA SERRANO	
STREET ADDRESS	750 HARBOR DRIVE	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT / Director	☐ Change ☒ Addition
NAME	CLARA SERRANO	
STREET ADDRESS	750 HARBOR DRIVE	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE	VICE-PRESIDENT / Director	☐ Change ☒ Addition
NAME	UCHI DE BOTERO	
STREET ADDRESS	750 HARBOR DRIVE	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE	SECRETARY / Director	☐ Change ☒ Addition
NAME	ELIZABETH BERNANT	
STREET ADDRESS	750 HARBOR DRIVE	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE	EXECUTIVE DIRECTOR	☐ Change ☒ Addition
NAME	NANCY POLECIO	
STREET ADDRESS	6039 COLLINS AVE. #1734	
CITY-ST-ZIP	MIAMI FL 33140	
TITLE	TREASURER / Director	☐ Change ☒ Addition
NAME	FRANCISCO DAZA	
STREET ADDRESS	6039 COLLINS AVE. #1734	
CITY-ST-ZIP	MIAMI FL 33140	

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:

CLARA SERRANO

8/16/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)