

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 03, 2002 8:00 am**  
**Secretary of State**

06-03-2002 91165 013 \*\*\*\*61.25

**DOCUMENT # N00000002895**

1. Entity Name

**FUNDACION ALBERQUE INFANTIL DE BOGOTA, YOLANDA P ULECIO, INC.**

Principal Place of Business

Mailing Address

16300 NE 19 AVE  
 100  
 MIAMI FL 33162

6039 COLLINS AVE. STE 1734  
 MIAMI BEACH FL 33140

2. Principal Place of Business

3. Mailing Address

**6039 Collins Ave.**

Suite, Apt. #, etc.

**1734**

City & State

**MIAMI BEACH FL**

Zip

**33140**

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

7. Name and Address of New Registered Agent

**SILVA, LUIS F**  
**16300 NE 19 AVE #100**  
**NORTH MIAMI BEACH FL 33162**

Name **Luis F. Silva**

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

**16300 NE 19 AVE**

**SUITE C**

City

**N. 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 reinstating)

DATE

**5/31/02**

**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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>SERRANO, CLARA<br>750 HARBOR DRIVE<br>KEY BISCAYNE FL 33149     | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DV<br>DE BOTERO, UCHI<br>750 HARBOR DRIVE<br>KEY BISCAYNE FL 33149    | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>BERMANT, ELIZABETH<br>750 HARBOR DRIVE<br>KEY BISCAYNE FL 33149 | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ED<br>PULECIO, NANCY<br>6039 COLLINS AVE #1734<br>MIAMI FL 33140      | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>DAZA, FRANCISCO<br>6039 COLLINS AVE #1734<br>MIAMI FL 33140     | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete            |

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>BERMANT, ELIZABETH<br>750 HARBOR DR.<br>KEY BISCAYNE FL 33149                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PRESIDENT/DIRECTOR<br>PULECIO, NANCY<br>6039 Collins Ave #1734<br>MIAMI FL 33140       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VICE-PRESIDENT/DIRECTOR<br>DAZA, FRANCISCO<br>6039 COLLINS AVE #1734<br>MIAMI FL 33140 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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: **Stacy Pulecio**

**5/31/02**

CR2E037 (9/01)