

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

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90095 046 ****70.00

DOCUMENT # N000Q0006540

1. Entity Name

JOSE MARTI EDUCATIONAL FOUNDATION, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1510 9TH ST. SW

Suite, Apt. #, etc.

3. Mailing Address

1510 9TH ST. SW

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

NAPLES, FL.

Zip

34117

Country

City & State

NAPLES, FL

Zip

34117

Country

4. FEI Number

02-0583496

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

HILDA L DIAZ-PERERA

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

1510 9TH ST. SW

City

NAPLES

FL

Zip Code

34117

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 changing)

DATE

FEE IS \$61.25

Initial or Amended UBR

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
N-NAME
STREET ADDRESS
CITY-STATE-ZIP
D
HILDA L DIAZ-PERERA
1510 9TH ST SW
NAPLES, FL

TITLE
N-NAME
STREET ADDRESS
CITY-STATE-ZIP
D
NELSON J. ZULETA
1510 9 ST. SW
NAPLES, FL. 34117

TITLE
N-NAME
STREET ADDRESS
CITY-STATE-ZIP
D
HILDA E. GONZALEZ
8371 NW 5TH ST
MIAMI, FL. 33144

TITLE
N-NAME
STREET ADDRESS
CITY-STATE-ZIP

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CITY-STATE-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 517, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/22/02 (305) 807-1523

Date

Crystine Phone

CR2E037B (12/01)