

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2001 08:00 AM****Secretary of State****DOCUMENT # N00000007685**1. Entity Name
UNBABYLON FOUNDATION CORP.

Principal Place of Business	Mailing Address
10025 NORTHWEST 46TH STREET SUITE 201 MIAMI FL 33178	10025 NORTHWEST 46TH STREET SUITE 201 MIAMI FL 33178

2. Principal Place of Business	3. Mailing Address
15625 S.W. 55 STREET	15625 S.W. 55 STREET

Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
MIAMI FL	MIAMI FL

Zip	Country	Zip	Country
33185		33185	

4. FEI Number ☒ Applied For
☐ Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134 US	Name MANTILLA ARMANDO J Street Address (P.O. Box Number is Not Acceptable) 15625 S.W. 55 STREET City MIAMI FL Zip Code 33185

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 **ARMANDO J. MANTILLA****05/01/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	TD <input type="checkbox"/> Delete	TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAVARRO RODRIGO	NAME	MANTILLA ALFREDO J
STREET ADDRESS	10025 NORTHWEST 46TH STREET	STREET ADDRESS	15625 S.W. 55 STREET
CITY-ST-ZIP	MIAMI FL 33178	CITY-ST-ZIP	MIAMI FL 33185
TITLE	SVD <input type="checkbox"/> Delete	TITLE	SVD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANTILLA ADRIANA M	NAME	MANTILLA ADRIANA M
STREET ADDRESS	10025 NORTHWEST 46TH STREET	STREET ADDRESS	15625 S.W. 55 STREET
CITY-ST-ZIP	MIAMI FL 33178	CITY-ST-ZIP	MIAMI FL 33185
TITLE	PD <input type="checkbox"/> Delete	TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANTILLA ARMANDO J	NAME	MANTILLA ARMANDO J
STREET ADDRESS	10025 NORTHWEST 46TH STREET	STREET ADDRESS	15625 S.W. 55 STREET
CITY-ST-ZIP	MIAMI FL 33178	CITY-ST-ZIP	MIAMI FL 33185
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	
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)(f), 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:

Armando J. Mantilla

PD

05/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Faxing Phone #

CR2E037 (11/00)