5/27

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2002 8:00 am
Secretary of State
05-27-2002 90315 041 ***150.00

DOCUMENT # N01000000042

1. Entity Name

MOISES FOUNDATION CORP.

Principal Place of Business	Mailing Address
11520 S.W. 147TH AVE STE 18 MIAMI FL 33186	11520 S.W. 147TH AVE STE 18 MIAMI FL 33186

[redacted]

DO NOT WRITE IN THIS SPACE

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 65-1095452 — 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
PERNUDI, DOLAD H 11520 S.W. 147TH AVE STE 18 MIAMI FL 33186	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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

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 PD NAME PERNUDI, DONALD J STREET ADDRESS 11520 S.W. 147TH AVE STE 18 CITY-ST-ZIP MIAMI FL 33186	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE VD NAME REYES, HORACIO A STREET ADDRESS 15632 S.W. 48TH ST. CITY-ST-ZIP MIAMI FL 33185	☒ Delete	TITLE D NAME SONIA DELIENNE STREET ADDRESS 12785 SW 193RD TERRACE CITY-ST-ZIP CUTLER RIDGE, FL 33177	☐ Change ☒ Addition
TITLE SD NAME MARENCO, ALFREDO STREET ADDRESS 5914 S.W. 1 46TH COURT CITY-ST-ZIP MIAMI FL 33183	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE TD NAME CESAR, MARIA G STREET ADDRESS 14808 S.W. 87TH TERRACE CITY-ST-ZIP MIAMI FL 33193	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE D NAME CLEOI PERNUDI STREET ADDRESS 11435 SW 152 CT CITY-ST-ZIP MIAMI, FL 33196	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE D NAME LESBIA G. JIMENEZ STREET ADDRESS 13454 SW 90 TERRACE CITY-ST-ZIP MIAMI, FL 33186	☐ Change ☒ 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: SIGNATURE REQUIRED 4/30/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (9/01)