


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

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90193 019 \*\*\*\*70.00

DOCUMENT # <b>101000000336</b>	
1. Entity Name <b>INSTITUTE OF GNOSTIC ANTHROPOLOGY, INC.</b>	

**DO NOT WRITE IN THIS SPACE**

**50017303**

2. Principal Place of Business <b>1730 S.W. SEVENTH ST</b>		3. Mailing Address <b>1730 S.W. 7TH STREET</b>	
Suite, Apt. #, etc. <b>STE. # 3</b>		Suite, Apt. #, etc. <b>STE. # 3</b>	
City & State <b>MIAMI, FLA.</b>		City & State <b>MIAMI, FLA.</b>	
Zip <b>33135</b>	Country <b>U.S.A.</b>	Zip <b>33135</b>	Country <b>U.S.A.</b>

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>DO NOT WRITE IN THIS SPACE</b>	7. Name and Address of Current Registered Agent	
	Name <b>MARTHA N. BELTRAN</b>	
	Street Address (P.O. Box Number is Not Acceptable) <b>1730 S.W. 7TH STREET APT. 3</b>	
	City <b>MIAMI</b>	FL Zip Code <b>33135</b>

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) 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  
Florida Department of State**

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D BELTRAN, CARLOS A. 1730 S.W. SEVENTH ST., STE. 3 MIAMI, FLA. 33135</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D BELTRAN, MARTHA N. 1730 S.W. SEVENTH ST., STE. 3 MIAMI, FLA. 33135</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D CHAVEZ, PEDRO 3404 S. LEJEUNE CORAL GABLES, FLA. 33134</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **MARTHA N. BELTRAN** - **MARTHA N. BELTRAN** - 4/25/06 - **305-642-7084**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E037B (12/02)