

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91175 031 ****70.00

DOCUMENT # N01000000336

1. Entity Name
INSTITUTE OF Gnostic ANTHROPOLOGY, INC.



Principal Place of Business
**1730 S.W. SEVENTH STREET
SUITE 2
MIAMI FL 33135**

Mailing Address
**1730 S.W. SEVENTH STREET
SUITE 2
MIAMI FL 33135**

2. Principal Place of Business
**1730 S.W. 7th STREET
SUITE 3**

3. Mailing Address
**1730 S.W. 7th STREET
SUITE 3**

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

Zip
33135

Country
U.S.A.

Zip
33135

Country
U.S.A.



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: **1730** Applied For
☒ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BELTRAN, MARTHA
**1730 S.W. SEVENTH STREET
SUITE 2
MIAMI FL 33135**

7. Name and Address of New Registered Agent

Name **MARTHA BELTRAN (SAME)**
Street Address (P.O. Box Number is Not Acceptable)
1730 S.W. 7th STREET, # 3
City **MIAMI** FL Zip Code **33135**

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 _____
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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BELTRAN, CARLOS A	
STREET ADDRESS	1730 S.W. SEVENTH STREET - SUITE 2	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE	D	<input type="checkbox"/> Delete
NAME	BELTRAN, MARTHA N	
STREET ADDRESS	1730 S.W. SEVENTH STREET - SUITE 2	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHAVEZ, PEDRO	
STREET ADDRESS	3404 S LE LEJEUNE	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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)(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]* **4-29-2003 (305-642-7084)**

CR2E037 (10/02)