

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

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90815 035 \*\*\*\*\*70.00

**DOCUMENT # NO1000001237**

1. Entity Name

**KING DAVID FOUNDATION, INC.**



Principal Place of Business

**2801 NE 183 STREET  
SUITE 1611W  
AVENTURA FL 33160**

Mailing Address

**2801 NE 183 STREET  
SUITE 1611W  
AVENTURA FL 33160**

2. Principal Place of Business

**17971 Biscayne Boulevard**

3. Mailing Address

**17971 Biscayne Blvd**

Suite, Apt. #, etc.

**117-116**

Suite, Apt. #, etc.

**Suite 117-116**

City & State

**Aventura Florida**

City & State

**Aventura Florida**

Zip

**33160**

Country

**Dade**

Zip

**33160**

Country

**Dade**

4. FEI Number **03-0400216**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**VARELA, RODA  
2801 NE 183 STREET  
SUITE 1611W  
AVENTURA FL 33160**

7. Name and Address of New Registered Agent

Name

**ROSA VARELA**

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

**2801 NE 183 ST 1611W**

City

**Aventura**

**FL**

Zip Code

**33160**

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

**4-17-03**

**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** ☐ Delete  
NAME **RODRIGUEZ, MARIA**  
STREET ADDRESS **2801 NE 183 STREET SUITE 1611W**  
CITY-ST-ZIP **AVENTURA FL 33160**

TITLE **D** ☐ Delete  
NAME **VARELA, ROSA**  
STREET ADDRESS **2801 NE 183 STREET SUITE 1611W**  
CITY-ST-ZIP **AVENTURA FL 33160**

TITLE **D** ☐ Delete  
NAME **LOWE, SONIA**  
STREET ADDRESS **7155 WEST 2ND WAY**  
CITY-ST-ZIP **HIALEAH FL 33014**

TITLE **D** ☐ Delete  
NAME **CALERO, TERESITA**  
STREET ADDRESS **7707 N.W. SECOND AVENUE**  
CITY-ST-ZIP **MIAMI FL 33150**

TITLE **D** ☒ Delete  
NAME **FRANKLIN, THOMAS G**  
STREET ADDRESS **9401 BISCAYNE BLVD.**  
CITY-ST-ZIP **MIAMI FL 33138**

TITLE **D** ☒ Delete  
NAME **WHITE, VANDON E**  
STREET ADDRESS **P.O BOX 610824**  
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33261-0824**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition  
NAME **Maria Teresa Morfinez BA**  
STREET ADDRESS **2780 NE 183 ST Apt 1217**  
CITY-ST-ZIP **AVENTURA FL 33160**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME **Steve Girounga BS**  
STREET ADDRESS **11448 SW 18th Ave. Miramar**  
CITY-ST-ZIP **Florida 33028**

TITLE ☒ Change ☐ Addition  
NAME **Luz Mary Castilla MS**  
STREET ADDRESS **10295 Collins Ave. Bal Harbor Florida**  
CITY-ST-ZIP **33154**

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 OF MARIA G. RODRIGUEZ (Executive Director 4/17/03 (305)9356126**

CR2E037 (10/02)