

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

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90666 044 ****61.25

DOCUMENT#

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2002

1. Entity Name

INTERLIFE FOUNDATION INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2125 Biscayne Blvd

3. Mailing Address

Suite, Apt. #, etc.

Suite 501

Suite, Apt. #, etc.

City & State

Miami, Fl. 33137

City & State

Zip

33137

Country

Dade

Zip

Country

4. FEI Number

65-1105274

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Marcos Gonzalez

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

2125 Biscayne Blvd

Suite 501

City

Miami

FL

Zip Code

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IN THIS SPACE**

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

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
Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Castello Eduardo
2125 Biscayne Blvd Suite 501
Miami, Fl. 33137

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Prieto Helena
1221 Brickell Ave Ste 1100
Miami, Fl. 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Puertas Rafael
2125 Biscayne Blvd Suite 501
Miami, Fl. 33137

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Fancisca Ruiz
2125 Biscayne Blvd Suite 501
Miami, Fl. 33137

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCOS GONZALEZ

28 March 2002

CR2E037B (12/01)