

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

**FILED**  
**Jun 27, 2002 8:00 am**  
**Secretary of State**

05-16-2002 90058 038 \*\*\*\*61.25

DOCUMENT # NO1000002698

1. Entity Name

THE HUMANITARIAN ASSISTANCE  
FOUNDATION INC.

**DO NOT WRITE IN THIS SPACE**

95075

2. Principal Place of Business

16121 SW 141 AVE

Suite, Apt. #, etc.

3. Mailing Address

2922 NW 15 AVE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

58-1807782

Applied For

Not Applicable

Zip

33177

Country

USA

Zip

33142

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name JACINTO RODRIGUEZ

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

2922 NW 15 AVE

City

MIAMI

FL

Zip Code

33142

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 reissuing)

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	P JACINTO RODRIGUEZ - D 16121 SW 141 AVE MIAMI FL 33177
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V EDITH A. RODRIGUEZ - J 16121 SW 141 AVE MIAMI FL 33177
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ADRIANNE A. RODRIGUEZ - J 16121 SW 141 AVE MIAMI FL 33177
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**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Jacinto Rodriguez

JACINTO RODRIGUEZ

23 APR 02 305-716-9183

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037B (1/201)