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

5/19/2003-90222-042-$61.25-$61.25

FILED
03 JUN -9 AM 8:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000003511

1. Entity Name
SABERA FOUNDATION, INC.

Principal Place of Business	Mailing Address
C/O NATIONAL CORPORATE RESEARCH LTD., INC. 103 N. MERIDIAN STREET TALLAHASSEE FL 32301	C/O NATIONAL CORPORATE RESEARCH LTD., INC. 103 N. MERIDIAN STREET TALLAHASSEE FL 32301

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 39-1779503 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NATIONAL CORPORATE RESEARCH,LTD., INC. 103 N. MERIDIAN STREET TALLAHASSEE FL 32301-0000	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CRUZ, PENELOPE 12126 MAXWELLTON ROAD, 91604 STUDIO CITY LOS ANGELES	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Enrique Martin P.O. Box 13345 Santurce, PR 00908	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CANO, IGNACIO 25 A BELSIZE PARK GARDENS NW3 4JH LONDON	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Esther Canadas Capital E, 509 Madison Avenue, Suite 602 New York, NY 10022	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DIAZ, MARIA PROFESOR WAKSMAN 11 28016 MADRID	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Ignacio M. Foncillas 200 Park Avenue, 47th Floor New York, NY 10166	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Rafael Serrano 27 Berkeley Square London W1J6EL, UK	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Antonio Menendez de Zubillaga United Nations Human Settlements Program Room M-318, United Nations Avenue, UN Complex, Gigiri, P.O. Box 30030 Nairobi 00100, Kenya	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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 the other like empowered.

SIGNATURE: SIGNATURE REQUIRED IGNACIO M. FONCILLAS May 15th, 2003 (212) 351-3971
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #