

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000005618

1. Entity Name

THE LAMA CHILDREN'S FOUNDATION, INC.

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90569 001 ***228.75

Principal Place of Business

Mailing Address

3180 BISCAYNE BOULEVARD
MIAMI FL 33137

3180 BISCAYNE BOULEVARD
MIAMI FL 33137

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 65-1133283

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

GISSIN, MATTHEW
3180 BISCAYNE BOULEVARD
MIAMI FL 33137

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.

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
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD -- ☒ Delete
NAME ROMERO, ANGEL
STREET ADDRESS 7317 NW 58 STREET
CITY-ST-ZIP MIAMI FL 33166

TITLE TD -- ☐ Delete
NAME MATTHEW, GISSIN
STREET ADDRESS 3180 BISCAYNE BOULEVARD
CITY-ST-ZIP MIAMI FL 33137

TITLE SD ☐ Delete
NAME GILLILAND, JIM
STREET ADDRESS 1500 MONZA AVENUE
CITY-ST-ZIP CORAL GABLES FL 33146

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D/VP ☐ Change ☒ Addition
NAME Heredia, Ozzie
STREET ADDRESS 3180 Biscayne Blvd.
CITY-ST-ZIP Miami, FL 33137

TITLE D/P ☒ 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
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Matthew Gissen MATTHEW GISSIN 4/29/02 305712624

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)