

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N0100005618

1. Entity Name

THE LAMA CHILDREN'S FOUNDATION, INC.

Principal Place of Business

3180 BISCAYNE BOULEVARD  
MIAMI FL 33137

Mailing Address

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

XXX

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GISEN, 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 ---  
NAME ROMERO, ANGEL ---  
STREET ADDRESS 7317 NW 58 STREET ---  
CITY-ST-ZIP MIAMI FL 33166 ---

Delete

TITLE D/VP  
NAME Heredia, Ozzie  
STREET ADDRESS 3180 Biscayne Blvd.  
CITY-ST-ZIP Miami, Fl, 33137

Change  Addition

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

Delete

TITLE D/P

Change  Addition

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

Delete

TITLE

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

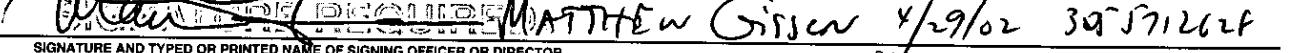
Delete

TITLE

Change  Addition

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 GISEN X/29/02 307571262F

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

05-14-2002 90569 001 \*\*\*228.75



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)