

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000006065

1. Entity Name

5-PILLAR FOUNDATION, INC.

Principal Place of Business

352 NE 167 ST.  
SUITE B  
MIAMI FL 33162

Mailing Address

P.O. BOX 700731  
MIAMI FL 33170

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

65-1133318

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

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.

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\$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 NAME STREET ADDRESS CITY-ST-ZIP	EXECUTIVE DIRECTOR/PRES. T <input type="checkbox"/> Delete SAMIR JEREZ 352 NE 167 ST., STE B. MIAMI, FL 33162	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ACADEMIC COORDINATIONS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SHERIF ELHADDAD 4174 NW 132 ST. MIAMI, FL 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT T <input type="checkbox"/> Delete PASCAL ROBERT 11240 SW 180 ST. MIAMI, FL 33157	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHAPLAINCY DEVELOPMENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MUHAMMAD RA'OOOF 352 NE 167 ST, STE B MIAMI, FL 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER T <input type="checkbox"/> Delete FRANCES E. JEREZ 7860 SW 196 TERR. MIAMI, FL 33189	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT LEGAL AFFAIRS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JULIO DIAZ 1450 SW 87 AVE. PEMBROKE PINES, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASST. SECRETARY T <input checked="" type="checkbox"/> Delete ZAHID MUSSAIN 10833 SW 158 LANE MIAMI, FL 33157	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT HEALTH - T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition AMINA JEREZ 7860 SW 196 TERR. MIAMI, FL 33189
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY T <input type="checkbox"/> Delete RAHMA YUSUF 352 NE 167 ST., STE. B. MIAMI, FL 33162	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT GRANT DEVELOPMENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition IDY A. DIAZ 10415 SW 153 CT., #2 MIAMI, FL 33196
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SAMIR G. JEREZ

Date

Daytime Phone #

4/25/02

305 944-2282



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)