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**FILED**
**Jul 01, 2002 8:00 am**
**Secretary of State**
05-14-2002 90181 001 ***211.25

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000008704

- 37139

DO NOT WRITE IN THIS SPACE

1. Entity Name

ZOOLOGICAL WILDLIFE FOUNDATION INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 16225 SW 172 AVE.<br>MIAMI FL 33187 | 16225 SW 172 AVE.<br>MIAMI FL 33187 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | 8758 SW 8 Street<br>Suite, Apt. #, etc. |
| City & State | City & State: Miami FL |
| Zip / Country | Zip: 33174 Country: USA |

4. FEI Number ☒ 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 |
|---|---|
| SISSON, LARRY<br>218 SOUTHERN COUNTRY LN.<br>QUINCY FL 32351 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 / NAME / STREET ADDRESS / CITY-ST-ZIP | DP<br>TABRAUE, MARIO S<br>16225 SW 172 AVE.<br>MIAMI FL 33187 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DV<br>TABRAUE, MARIA S<br>16225 SW 172 AVE.<br>MIAMI FL 33187 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DV<br>TABRAUE, MARIA C.<br>16225 SW 172 Avenue<br>Miami FL 33187<br>☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>TABRAUE, MARIO G<br>16225 SW 172 AVE.<br>MIAMI FL 33187 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Hosey Hernandez<br>2701 South Bayshore Drive., Suite 602<br>Coconut Grove, FL 33133<br>☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E037 (9/01)

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:** Mario Tabraue 4/25/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #