

2001 UNIFORM BUSINESS REPORT (UBR)

3/6

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-06-2001 90301 041 ****61.25

DOCUMENT # N01433

1. Entity Name

FOUNDATION FOR EDUCATION OF MOTHERS "F.E.M", INC

Principal Place of Business

Mailing Address

9850 SW 89 CT
 MIAMI FL 33176
 US

9850 SW 89TH CT
 MIAMI FL 33176
 US

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

59-2374140

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

ROJAS, EYSA NUNEZ
9850 SW 89TH COURT
MIAMI FL 33176

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 ☐ Delete
 NAME **OPT**
 STREET ADDRESS **ROJAS, EYSA NUNEZ**
 CITY-ST-ZIP **9850 SW 89TH COURT**
MIAMI FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Delete
 NAME **DVT**
 STREET ADDRESS **PERERA, ROSA BLANCA**
 CITY-ST-ZIP **1040 NW 4TH ST**
MIAMI FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **Deceased**
 CITY-ST-ZIP

TITLE ☒ Delete
 NAME **DS**
 STREET ADDRESS **IDUATE, BERTHA M.**
 CITY-ST-ZIP **931 SW 29TH AVENUE**
MIAMI FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **Deceased**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DVT** ☐ Delete
 NAME **FRAGINALS, EYSA**
 STREET ADDRESS **12925 SW 116 Terr**
 CITY-ST-ZIP **MIAMI FL 33186**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DS** ☐ Delete
 NAME **GARCIA, MARIA**
 STREET ADDRESS **9850 S.W. 89th CT**
 CITY-ST-ZIP **MIAMI FL 33176**

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:

SIGNATURE REQUIRED

3-01-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)