2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Apr 23, 2003 8:00 am Secretary of State DOCUMENT # N0200000287 04-23-2003 90207 011 ****61.50 1. Entity Name CARLOS ALBIZU UNIVERSITY FOUNDATION INC. Principal Place of Business Mailing Address 2173 NW 99TH AVENUE 2173 NW 99TH AVENUE MIAMI FL 33172 MIAMI FL 33172 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State 4. FEI Number 32-0017813 City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required -7. Name and Address of New Registered Agent 6.-Name and Address of Current Registered Agent --MARIN, GUSTAVO B J.D. Street Address (P.O. Box Number is Not Acceptable) 2173 NW 99TH AVENUE MIAMI FL 33172 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE TITLE Change ☐ Delete Vice-President Pfizer Pharmaceuticals NAME NAME Teresa Albizu Rodriguez NW 99th Avenue Dr. Jorge Gonzalez- Monclova STREET ADDRESS STREET ADDRESS Calle 23#1325, Urb. Montecarlo San Juan, PR 00924-5249 CITY-ST-ZIP CITY-ST-ZIP Miami, F.133172-2209 Kendar Realty TITLE ☐ Delete TITLE President, Lausell & Carlo Change F @ Addition Mr: Miguel: D. Lausell 1515 American-Air. Bldg#1509: Lopez Landron: San Juan, PR 0091 NAME NAME Dr. Alicia Baro STREET ADDRESS STREET ADDRESS 1550 Madruga Avenue Miami, Fl 33146 E.V.P. Citigroup Internabional CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Dr. Investments. CIBC Opper Dreamer Addition NAME NAME Mr. Michael Contreras Mr.Paul S. Lausell STREET ADDRESS STREET ADDRESS 2601 S. Bayshore Dr.Suite 1850 Coconut Grove Fl, 33133 201 So.Biscayne Blvd/Suite700 CITY-ST-ZIP CITY-ST-ZIP <u> Miami, Fl_33131</u> TITLE TITI F Partner.Steel Hector&Dav → Charge p Addition School Board Member, Distresc5 NAME NAME Mr. Frank Bolanos Mr.Jorge Luis Lopez, Esq. STREET ADDRESS STREET ADDRESS 1450 NE 2nd Ave, Suite 700 200 S. Biscayne Blvd.Suite4000 CITY-ST-7IP CITY-ST-ZIP Miami, Fl 33132 TITLE TITLE Mag.Director.Masvidal&Parttners□Addition Former Mayor City of Miami NAME NAME Hon Maurice Ferre-Chair Mr. Raul Masdival STREET ADDRESS STREET ADDRESS 201 Alhambra circle #1401 Coral Gables, Fl 33134 2655 Le Jeune Rd., Suite 504 CITY-ST-ZIP CITY-ST-ZIP Coral Gables, <u> Córal Gables, Fl. 33134</u>

Calle Austral 7635, Urb. Altami San Juan, PR 00920-4224 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 life empowered.

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STREET ADDRESS 15626 SW

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SIGNATURE:

TITLE

NAME

STREET ADORESS

CITY-ST-ZIP

President of CAU, Board of Peletrust

Dr. Jose Miguel Castro

Mrs. Ann E. Pope

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Principal Place of Business 3. Mailing Address				·				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State		4. FEI Number 32-0017813 Applied For Not Applicable				
Zip	Country	Zip	Coun	ntry	5. Certificate of S	Status Desired	\$8.75 Add	fitional
	6. Name and Address of Curren	it Registered Agent			7. Name and Add	dress of New Register	red Agent	
		· ·		Name				
MARIN, GUSTAVO B J.D. 2173 NW 99TH AVENUE			-	Street Address (P.O. Box Number is Not Acceptable)				
MIAMI FL	. 33172							
				City	FL Zip Code			
	named entity submits this statement from of registered agent.	for the purpose of changing its re	gistered	d office or regist	tered agent, or both, in	the State of Florida. I	am familiar with,	and accept
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 Cl	neck Payable partment of S	to
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	Mr.Juan A. Yanes		NAME	- (•			
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12. I hereby c	ertify that the information supplied wit	h this filing does not qualify for th	0.000	ntion etated in S	Section 110 07/2\(\(\text{C}\) Et	orido Statutos I furthar	eartify that the in	formation

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