

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

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90207 011 ****61.50

DOCUMENT # N02000000287

1. Entity Name
CARLOS ALBIZU UNIVERSITY FOUNDATION INC.



Principal Place of Business
**2173 NW 99TH AVENUE
MIAMI FL 33172**

Mailing Address
**2173 NW 99TH AVENUE
MIAMI FL 33172**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number **32-0017813**
Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



CHECK HERE IF MAKING CHANGES

6.-Name and Address of Current Registered Agent

**MARIN, GUSTAVO B J.D.
2173 NW 99TH AVENUE
MIAMI FL 33172**

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. 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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President <input type="checkbox"/> Delete Mrs. Teresa Albizu Rodriguez 2173 NW 99th Avenue Miami, Fl 33172-2209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kendar Realty <input type="checkbox"/> Delete Dr. Alicia Baro 1550 Madruga Avenue Miami, Fl 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	E.V.P. Citigroup International <input type="checkbox"/> Delete Mr. Michael Contreras 201 So. Biscayne Blvd, Suite 700 Miami, Fl 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	School Board Member, District 5 <input type="checkbox"/> Delete Mr. Frank Bolaños 1450 NE 2nd Ave, Suite 700 Miami, Fl 33132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Former Mayor, City of Miami Hon. Maurice Ferre-Chair 2655 Le Jeune Rd., Suite 504 Coral Gables, Fl 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President of CAU, Board of Trustees <input type="checkbox"/> Delete Dr. Jose Miguel Castro Calle Austral 5635, Urb. Altamira San Juan, PR 00920-4224

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pfizer Pharmaceuticals <input type="checkbox"/> Change <input type="checkbox"/> Addition Dr. Jorge Gonzalez- Monclova Calle 23#1325, Urb. Montecarlo San Juan, PR 00924-5249
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, Lausell & Carlo, PFC <input type="checkbox"/> Change <input type="checkbox"/> Addition Mr. Miguel D. Lausell American Air Bldg #1509 Lopez Landron San Juan, PR 00911
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dr. Investments. CIBC Oppenheimer <input type="checkbox"/> Change <input type="checkbox"/> Addition Mr. Paul S. Lausell 2601 S. Bayshore Dr. Suite 1850 Coconut Grove Fl, 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Partner. Steel Hector & Davis, LLP <input type="checkbox"/> Change <input type="checkbox"/> Addition Mr. Jorge Luis Lopez, Esq. 200 S. Biscayne Blvd. Suite 4000 Miami, Fl 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mag. Director. Masvidal & Partners <input type="checkbox"/> Change <input type="checkbox"/> Addition Mr. Raul Masdival 201 Alhambra circle #1401 Coral Gables, Fl 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Mrs. Ann E. Pope 15626 SW 111 Ter. Miami, Fl 33196

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 information empowered.

SIGNATURE: *Maurice Ferre* **REQUIRED**

4/16/03 305593 1223 X159


CR2E037 (10/02)

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UNIFORM BUSINESS REPORT (UBR)**

Attachment 10082990

DOCUMENT # N02000000287

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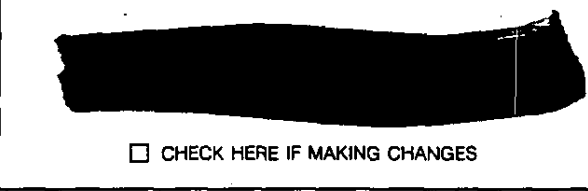
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Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President CAU Dr. Salvador Santiago Negron 151 Calle Tanca, Esq, San Francis San Juan PR 00902	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Juan Yanes, Consultant Mr. Juan A. Yanes 700 Coral Way, Suite #8 Coral Gables Fl 33134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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