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

08-13-2002 90228 042 ****70.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000006415

1. Entity Name: Florida Journalism Foundation, Inc.

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-08/13/02--90228--042
*****70.00
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2. Principal Place of Business	3. Mailing Address
2103 Coral Way	2103 Coral Way
Suite, Apt. #, etc.: 305	Suite, Apt. #, etc.: 305
City & State: Miami Florida	City & State: Miami Florida
Zip: 33145 Country: Dade	Zip: 33145 Country: Dade

4. FEI Number: 651085622 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: William Restrepo

Street Address (P.O. Box Number is Not Acceptable): 15220 NW 7 ST

City: Pembroke Pines FL Zip Code: 33028

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: William Restrepo President 08/02/02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

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

TITLE	President
NAME	William Restrepo
STREET ADDRESS	15220 NW 7ST
CITY-ST-ZIP	Pembroke Pines Fl 33028
TITLE	Director
NAME	William Giraldo
STREET ADDRESS	Cra 5 #60-55 Ap 502
CITY-ST-ZIP	Bogota - Colombia
TITLE	Director
NAME	Gabriel Jaime Cardona
STREET ADDRESS	Calle 96 #28-40 Ap 704
CITY-ST-ZIP	Bogotá - Colombia
TITLE	Director
NAME	Carlos Alvarez
STREET ADDRESS	Cra 38 #57-44 Ap 101
CITY-ST-ZIP	Bogota - Colombia
TITLE	Director
NAME	Amalia Guerra
STREET ADDRESS	Cra 38 #57-44 Ap 101
CITY-ST-ZIP	Bogota - Colombia
TITLE	
NAME	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: