

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

0000250

DOCUMENT # N02000007727

1. Entity Name

SURINAM HERITAGE FOUNDATION, INC.



FILED

04 MAY 25 PM 3:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



*M.P.S.*

Principal Place of Business

8201 NW 37TH STREET  
CORAL SPRINGS FL 33065

Mailing Address

PO BOX 521932  
MIAMI FL 33152-1932

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 *06-1051339*  
*Applied for reinstatement*

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

SPIEGEL & UTRERA, P.A.

1840 SW 22ND ST.

4TH FLOOR

MIAMI FL 33145

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**REINSTATEMENT**

FL

219 6008

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.

By: NATALIA UTRERA, VICE-PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

After September 10, 2003, min will be \$236.25

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 ☐ Delete  
NAME PD  
STREET ADDRESS RAJIMANN, ANTONIUS R  
CITY-ST-ZIP 8201 NW 37TH STREET  
CORAL SPRINGS FL 33065

TITLE ☐ Delete  
NAME VD  
STREET ADDRESS TEWARIE, JUSTIN B  
CITY-ST-ZIP 8201 NW 37TH STREET  
CORAL SPRINGS FL 33065

TITLE ☐ Delete  
NAME SD  
STREET ADDRESS JOEMANBAKS, GLENN  
CITY-ST-ZIP 8201 NW 37TH STREET  
CORAL SPRINGS FL 33065

TITLE ☒ Delete  
NAME T  
STREET ADDRESS FUNG-LOI, GENE  
CITY-ST-ZIP 8201 NW 37TH STREET  
CORAL SPRINGS FL 33065

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

TITLE ☐ Change ☒ Addition  
NAME Treasurer  
STREET ADDRESS MAUREEN BROMET  
CITY-ST-ZIP 8201 NW 37 str.  
CORAL SPRINGS - FL - 33065

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-10-03 954-340-9392

CR2E037 (4/03)