

FILED
Mar 10, 2003 8:00 am
Secretary of State

02-10-2003 90223 031 ***61.25

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

DOCUMENT # N02000008560

1. Entity Name

FUNDACION KANJOBAL GUATEMALTECA, INC.



Principal Place of Business

**1101 N.W. 9TH COURT
HOMESTEAD FL 33030**

Mailing Address

**P.O. BOX 901331
HOMESTEAD FL 33030**

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

75-3087248

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FRANCISCO, ANTONIO LEON
1101 N.W. 9TH COURT
HOMESTEAD FL 33030**

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	FRANCISCO, ANTONIO LEON	1101 N.W. 9TH COURT	HOMESTEAD FL 33030	"D"
VP	JUAREZ, MARCOS	1141 NW 9TH ST	HOMESTEAD FL 33030	"D"
SEC.	DIEGO, MIGUEL	1227 N.W. 12TH ST.	HOMESTEAD FL 33030	"D"
TREA	MARCOS, GERONIMO	1291 N.W. 10TH ST.	HOMESTEAD FL 33030	"T"
TRES	PEDRO, ANDRES	800 N.W. 8TH AVE.	HOMESTEAD FL 33030	"T"
				<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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: **X ANTONIO LEON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/03 (305)248-9200

Date

Daytime Phone #

CR2E037 (10/02)