

2004 NON-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N 03000007725

1. Entity Name

4 Children Foundation Inc.

FILED

04 FEB 10 PM 4:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 9655 South Dixie Hwy Suite, Apt. #, etc. 117 City & State Pinecrest Zip 33156 Country Dade		3. Mailing Address 9655 South Dixie Hwy Suite, Apt. #, etc. 117 City & State Pinecrest Zip 33156 Country Dade	
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DO NOT WRITE IN THIS SPACE

MRS

4. FEI Number 300202137	Applied For Not Applicable
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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 Raul Sanchez di Varona
Street Address (P.O. Box Number is Not Acceptable)

9655 South Dixie Hwy S-117
City Pinecrest FL Zip Code 33156

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 
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Feb 03/04
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 D NAME STREET ADDRESS CITY-ST-ZIP	CEO, MBA President Paulina Lam 9655 South Dixie Hwy S-117 Pinecrest, FL 33156	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400029296814 02/24/04--01025--004 **70.00
TITLE VP-D NAME STREET ADDRESS CITY-ST-ZIP	Maria del Carmen Castellanos 9655 South Dixie Hwy S-117 Pinecrest FL 33156	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Josephina Sanchez Pando 9655 South Dixie Hwy S-117 Pinecrest, FL 33156	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 03/04

Date

(305) 794 3149

Daytime Phone #