

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90047 043 ****61.25

DOCUMENT # N08711

1. Entity Name

FLORIDA'S INTER-AMERICAN SCHOLARSHIP FOUNDATION, INC.

Principal Place of Business

Mailing Address

% CORAL GABLES CHAMBER OF COMMERCE
 50 ARAGON AVE
 CORAL GABLES FL 33134

% CORAL GABLES CHAMBER OF COMMERCE
 50 ARAGON AVE
 CORAL GABLES FL 33134

2. Principal Place of Business

2333 Ponce de Leon Blvd

3. Mailing Address

2333 Ponce de Leon Blvd

Suite, Apt. #, etc.

#650

Suite, Apt. #, etc.

#650

City & State

Coral Gables, FL

City & State

Coral Gables, FL

Zip

33134

Country

Miami-Dade

Zip

33134

Country

Miami-Dade



DO NOT WRITE IN THIS SPACE

4. FEI Number

52-1389757

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

ROBISON, RON
 % CORAL GABLES CHAMBER OF COMMERCE
 50 ARAGON AVE
 CORAL GABLES FL 33134

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.

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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **ALTERMAN, RICK**
 CITY-ST-ZIP **12805 NW 42 AVE**
OPA LOCKA FL

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

TITLE ☐ Delete
 NAME **DST**
 STREET ADDRESS **OLIVER, PATRICK**
 CITY-ST-ZIP **550 BILTMORE WAY**
CORAL GABLES FL

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

TITLE ☐ Delete
 NAME **PCD**
 STREET ADDRESS **ROBISON, RON**
 CITY-ST-ZIP **50 ARAGON AVE**
CORAL GABLES FL

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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] **Ronald W. Robison** 2/8/02 (305)446-1657

CR2E037 (9/01)