





FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 2, 2010

MARVIN CRUZ  
21941 SW 124 CT  
MIAMI, FL 33170

SUBJECT: FUNRE FUNDACION NUEVO RENACER, INC.  
Ref. Number: N09000010054

We have received your document for FUNRE FUNDACION NUEVO RENACER, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

Please show the correct name of your corporation on page 1 of your document and through out the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts  
Regulatory Specialist II

Letter Number: 210A00008109

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Fundacion Nuevo Renaces, Inc.

**DOCUMENT NUMBER:** NO90000100 54

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Marvin Cruz  
(Name of Contact Person)

\_\_\_\_\_  
(Firm/ Company)

21941 SW 124 CT  
(Address)

Miami, Florida 33170  
(City/ State and Zip Code)

Junre@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marvin Cruz at ( 786 ) 220-1281  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
|--|---|---|--|

**Mailing Address**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

# **Fundación Nuevo Renacer**

12261 SW 129 Ct. Miami Fl. 33186  
Phone: 786-220-1281 & Fax: 305-382-0700  
e-mail: [funre@yahoo.com](mailto:funre@yahoo.com)



April 8, 2010

## **Via U.S. Mail**

Florida Department of State  
Division of Corporations  
Attn: Tina Roberts,  
Regulatory Specialist II  
P.O. Box 6327  
Tallahassee, Florida 32314

**Re: FUNRE FUNDACION NUEVO RENACER, INC.**  
**Number: N09000010054**  
**Letter Number: 210A00008109**

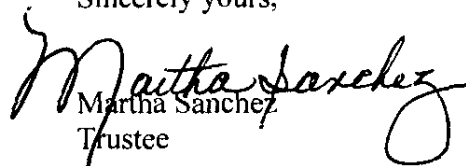
Dear Ms. Roberts:

Pursuant to your request, enclosed please find the corrected documents for the above mentioned matter.

Upon receipt, please file accordingly and return a copy to us.

Thank you in advance for your prompt attention to this matter.

Sincerely yours,

  
Martha Sanchez  
Trustee

Enclosures

Articles of Amendment  
to  
Articles of Incorporation  
of

FUNRE FUNDACION NUEVO RENACER, INC.  
(Name of Corporation as currently filed with the Florida Dept. of State)

\_\_\_\_\_  
(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

FILED  
10 APR 13 PM 3:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**A. If amending name, enter the new name of the corporation:**

\_\_\_\_\_  
*The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.*

**B. Enter new principal office address, if applicable:**  
(Principal office address MUST BE A STREET ADDRESS)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. Enter new mailing address, if applicable:**  
(Mailing address MAY BE A POST OFFICE BOX)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_  
(Florida street address)

\_\_\_\_\_, Florida  
(City) (Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

\_\_\_\_\_  
*Signature of New Registered Agent, if changing*

**If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:**

*(Attach additional sheets, if necessary)*

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

**E. If amending or adding additional Articles, enter change(s) here:**

*(attach additional sheets, if necessary). (Be specific)*

See Attached

The date of each amendment(s) adoption: 3/12/2010  
(date of adoption is required)

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

- The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 3/12/10

Signature Martha Sanchez  
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Martha Sanchez  
(Typed or printed name of person signing)

Trustee  
(Title of person signing)

**ARTICLE III**

**STATEMENT OF PURPOSE**

1. This Foundation, FUNRE FUNDACION NUEVO RENACER, INC. was created for the express purpose of lending assistance to the poor, elderly and underprivileged.
2. The Foundation, FUNRE FUNDACION NUEVO RENACER, INC. members conduct all its charitable labor, work on a strictly volunteer basis and do not receive any compensation, expense refunds or pay for their activities.
3. The Foundation, FUNRE FUNDACION NUEVO RENACER, INC. will conduct its charitable labor year round; with special emphasis on seasonal and holiday activities, such as toy drives in Christmas, distribution of turkeys on Thanksgiving, etc.
4. The Foundation, FUNRE FUNDACION NUEVO RENACER, INC. assists and advises the elderly, handicapped, needy and uneducated in applying and obtaining government benefits through its computer-literate volunteers and provides free translations for these applicants. In further assists the underprivileged through its computer literacy program.
5. The Foundation, FUNRE FUNDACION NUEVO RENACER, INC. solicits donations from individuals and small business, which expect and deserve to receive praise and credit, for their charitable donations.
6. The Foundation, FUNRE FUNDACION NUEVO RENACER, INC. distributes all donations; it has no administrative costs, salaries or compensation, and maintains its office, which is provided rent-free by a church (M.C.N.R.), with the voluntary work and expense of its members.



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## **ARTICLE VII**

### **CONFLICT OF INTEREST POLICY**

The Foundation, FUNRE FUNDACION NUEVO RENACER, INC. its Affiliates and Components, and all Officers, Directors, Delegates, Council and Committee members scrupulously shall avoid any conflict between their respective personal, professional or business interest of the Foundation, in any and all actions taken by them on behalf of the Foundation in their respective capacities.

If any Officer, Delegate, Council or Committee member of the Foundation, FUNRE FUNDACION NUEVO RENACER, INC. has any direct or indirect interest in, or relationship with, any individual or organization that proposes to enter into any transaction with the Foundation, including but not limited to transactions involving:

- a. the sale, purchase, lease or rental of any property or other asset;
- b. employment, or rendition of services, personal or otherwise;
- c. the award of any grant, contract, or subcontract;
- d. the investment or deposit of any funds of the Association;

Such person shall give notice of such interest or relationship and shall thereafter refrain from discussing or voting on the particular transaction in which he/she has an interest, or otherwise attempting to exert any influence on the Foundation, or its components to affect a decision to participate or not participate in such transaction.

ARTICLE VIII

NON-DISCRIMINATION STATEMENT

The Foundation, FUNRE FUNDACION NUEVO RENACER, INC. will serve the Community at large, irrespective of race, gender, national origin, age, political affiliation, religion or social status.

No person who is **in real need** shall be turned away for *any* of the above stated reasons, subject to the availability of funds and the number of applicants for aid, and all shall be attended to in a humane and charitable manner.