

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N10554

1. Entity Name

INTERNATIONAL CHILDREN'S FOUNDATION, INC.



FILED
Sep 13, 2000 8:00 am
Secretary of State

09-13-2000 90055 044 ****61.25

Principal Place of Business
2801 PONCE DE LEON BLVD
SUITE 1170
CORAL GABLES FL 33134
US

Mailing Address
2801 PONCE DE LEON BLVD
SUITE 1170
CORAL GABLES FL 33134
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2583756**
Applied For
Not Applicable

Zip Country Zip Country

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

FLURIACH, HILDA
8364 SW 44 STREET
MIAMI, FL 33155

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
After September 13, 2000 min. will be \$236.25

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	D	<input type="checkbox"/> Delete
NAME	FIGUERAS, JUAN E	
STREET ADDRESS	4709 SW 143 AVE	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	D	<input type="checkbox"/> Delete
NAME	CONSUEGRA, MARIA	
STREET ADDRESS	11479C SW 109 RD	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	D	<input type="checkbox"/> Delete
NAME	SOLERNOU, RAFAEL	
STREET ADDRESS	6653 SW 92 AVE	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	D	<input type="checkbox"/> Delete
NAME	DE LOS SANTOS, MERCEDES	
STREET ADDRESS	9331 SW 76 ST	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	D	<input type="checkbox"/> Delete
NAME	QUESEP, BEATRIZ	
STREET ADDRESS	9770 SW 20 ST	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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 8/21/00 305 569-9886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/00)