

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90129 032 ****61.25

DOCUMENT # N12776

1. Entity Name

CARMEN REBOZO FOUNDATION, INC.

Principal Place of Business

Mailing Address

**524 FERNWOOD ROAD
 KEY BISCAIYNE FL 33149
 US**

**524 FERNWOOD ROAD
 KEY BISCAIYNE FL 33149-1842
 US**

BUUU4619



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1570 MADRUGA AVE.

3. Mailing Address

1570 MADRUGA AVE.

Suite, Apt. #, etc.

SUITE 305

Suite, Apt. #, etc.

SUITE 305

City & State

CORAL GABLES, FLA.

City & State

CORAL GABLES, FLA.

4. FEI Number

59-2667397

Applied For

Not Applicable

Zip

33146

Country

USA

Zip

33146

Country

USA

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

GUILARTE, OLGA
~~**524 FERNWOOD RD-**~~
~~**KEY BISCAIYNE FL 33149-**~~

Name

Street Address (P.O. Box Number is Not Acceptable)

1570 MADRUGA AVE.
SUITE 305

City

CORAL GABLES

FL

Zip Code

33146

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 OLGA GUILARTE *Olga Guilarte*

01/15/00

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	PD-VP	<input type="checkbox"/> Delete
NAME	BOUTERSE, MARY	
STREET ADDRESS	622 EAST RIDGE VILLAGE DRIVE	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	D	<input type="checkbox"/> Delete
NAME	WAKEFIELD, THOMAS H.	
STREET ADDRESS	1028 COTORRO AVENUE	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	S/r	<input type="checkbox"/> Delete
NAME	GUILARTE, OLGA	
STREET ADDRESS	524 FERNWOOD ROAD-	
CITY-ST-ZIP	KEY BISCAIYNE FL 33149-	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ABPLANALP, ROBERT H	
STREET ADDRESS	700 NEPPERHAM AVENUE	
CITY-ST-ZIP	YONKERS NY 10702	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VICE PRES.	<input checked="" 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		
TITLE	SECTRY/TREAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1570 MADRUGA AVE. SUITE 305	
CITY-ST-ZIP	CORAL GABLES, FLA. 33146	
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		

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: OLGA GUILARTE *Olga Guilarte*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/15/00

(305) 740-0022

Date

Daytime Phone #

CR2E037 (9/99)