NONPROFIT CORPORATION ANNUAL REPORT

1999



## FLORIDA DEPARTMENT OF STATE

**Katherine Harris** Secretary of State DIVISION OF CORPORATIONS

## **FILED** Mar 12, 1999 8:00 am Secretary of State

03-12-1999 90017 004 \*\*\*210.00

## DOCUMENT # N49160

	UM FOUNDATION, INC.						٠,		
Principal Place of Business		Mailing Address						,	
18441 N.W. 2ND AVE.		18441 N.W. 2ND AVE.							
STE. 218	NO 4817	STE. 218 MIAM/ Fl. 33169-4517							
MIAMI FL 33169-4517 MIAMI FL 33169-4517 US US					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
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<del>,</del>	lace of Business	2a. Malling Address		<del></del>	<ol> <li>Date incorporated or Qualifed 06/01/1992.</li> </ol>				:
Suite, Apt. #. etc.		Suite, Apt. #, etc.			4. FEi Number			plied For	
	N.E. 6th Avenue	27 11031 N.E. 6th Avenue			65-0373584 Not Applicat			t Applicable	
City & State		City & State			5. Certifcate of Status Desired  5. Certifcate of Status Desired  5. Certifcate of Status Desired				-=
23 Miami, FL		28 Miami, FL			Les traduien				
Zip	Country	Zip	Count	ry	6. Election Campaign Financing	0	\$5.00		
<u>24 3316</u>			30 Ц	A	Trust Fund Contribution  10. Name and Address of New F	- material	Added t	o rees	
· · · · · · · · · · · · · · · · · · ·	9. Name and Address of Current	Registered Agent		1 Name	10. Name and Address or New F	(AD) S (A) AO	-Agust		
ı			\ <b>`</b>						
HAYDEN, H. B			[8	2 Street Add	Address (P.O. Box Number is Not Acceptable)				
	N SECOND AVENUE		Į.	3					ļ
STE 218		•		Ĭ	<u> </u>				ł
Miami Fl.	33169	•	8	4 City		FL	85 Zip (	Code	
11 Diminat	to the newdeless of Cartings 617 0500	2 and 617 1508 Florida Statute	s the abr	we-named col	moration submits this statement for the		changing its	registered	
office or r	egistered agent, or both, in the State of	of Florida. Such change was au	thorized t	y the corpora	poration submits this statement for the tion's board of directors, i hereby acception's	the appoi	ntment as re	gistered	1
	m familiar with, and accept the obligat	ions of Section 617,0503, Fion							
agent. I a									
agent. I a SIGNATURE	·				red when reinstating)	·DATE			ا و
	Signature, typed or printed earns of registered agent	t and title if applicable. (NOTE:				·DATE	D DIRECTO	RS IN 12	1/98)
SIGNATURE	Signature, typed or printed same of registered agent	t and title if applicable. (NOTE:	Ragistered A	perit elgmature requi	red when reinstating)	·DATE			(11/98)
SIGNATURE	Signature, typed or printed same of registered agent OFFICERS ANI	and title if applicable. (NOTE: D DIRECTORS	Registered A	ent algriature requi	red when reinstating)	·DATE	D DIRECTO	RS IN 12	137 (11/98).
SIGNATURE 12. TITLE	Signature, typed or printed same of registered agent OFFICERS ANI	t and 150 if applicable. (NOTE: D DIRECTORS	Registered Ar 13. 1.1 TITU	ent algriature requi	red when reinstating)	·DATE	D DIRECTO	RS IN 12	١.
SIGNATURE 12. TITLE NAME	Signature, typed or printed same of registered agent OFFICERS AND DP DADDY, ROBERT E	and title if epolicable. (NOTE: D DIRECTORS DELETE	Registered Ar 13. 1.1 TITU	ent signature requi	red when reinstating)	·DATE	D DIRECTO	RS IN 12	١.
SIGNATURE 12. TITLE NAME STREET ADDRESS	OFFICERS AND DR DADDY, ROBERT E 100 SE SECOND ST SUITE #40	t and 150 if applicable. (NOTE: D DIRECTORS	Ragistared A 13. 1.1 TITU 1.2 NAM 1.3 STR	ent eignature requi	red when reinstating)	·DATE	D DIRECTO	RS IN 12	١.
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CTY-ST-ZP

14. 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under ceth; 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

H. Broce GHayden J Phes iden Tork BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/12/99 305 757 0602