

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N51416

1. Entity Name

HISPANIC-AMERICAN DIABETES FOUNDATION CORPORATIO

Principal Place of Business

1614 S.W. 1ST STREET  
MIAMI FL 33135  
129

Mailing Address

P.O. BOX 654503  
MIAMI FL 33265

2. Principal Place of Business

12930 SW 49TH

3. Mailing Address

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0365023

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

POMAR, ARMANDO V.  
1614 S.W. 1ST STREET  
MIAMI FL 33135

7. Name and Address of New Registered Agent

Name: ARMANDO V. POMAR

Street Address (P.O. Box Number is Not Acceptable)  
5561 SW. 136 CT.

City MIAMI FL Zip Code 33175

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

TITLE CPD  
NAME POMAR, ARMANDO V  
STREET ADDRESS 1782 W FLAGLER ST  
CITY-ST-ZIP MIAMI FL 33135 ☐ Delete

TITLE TD  
NAME BREMER, JOSEPH  
STREET ADDRESS 1614 SW 1ST ST  
CITY-ST-ZIP MIAMI FL 33135 ☒ Delete

TITLE D  
NAME ARGUELLO-SANCHEZ, JOSE E  
STREET ADDRESS 351 NW LEJEUNE RD STE 105  
CITY-ST-ZIP MIAMI FL 33126 ☐ Delete

TITLE DS  
NAME POMAR, MARTHA C  
STREET ADDRESS 1614 S.W. 1ST STREET  
CITY-ST-ZIP MIAMI FL 33135 ☐ Delete

TITLE D  
NAME LEAL, ALEIDA  
STREET ADDRESS C/O WQBA 2828 CORAL WAY  
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE D  
NAME FLORES-VILAR, LUIS J  
STREET ADDRESS CONDOMINIO PARQUE DE LAS FUENTES, APT. 108  
CITY-ST-ZIP HATO REY PR 00918 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE TD  
NAME CARIDAD M. DIAZ  
STREET ADDRESS 12930 SW 49TH  
CITY-ST-ZIP MIAMI, FL 33175 ☐ Change ☒ Addition

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

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

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
ARMANDO V. POMAR 9/12/2000 (305) 962-6167

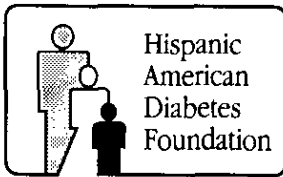
FILED  
Sep 15, 2000 8:00 am  
Secretary of State

09-15-2000 90015 009 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (5/00)



Attachment  
# N51416  
P0078442

STATE OF FLORIDA  
2000 UNIFORM BUSINESS REPORT  
DIVISION OF CORPORATION  
P.O. BOX 1500  
TALLAHASSEE, FLORIDA 32302

RE: Doc # N51416  
Hispanic American Diabetic Foundation Corp.

Dear Sirs:

Please find enclosed the annual corporation report as per reference above.  
Along with our money order in the amount of \$70.00 to cover our fee including  
a certified updated copy of the corporation.  
Also we would like to inform that the foundation directors are only the ones  
whose names appear in this form. Any other names should be deleted.

Sincerely yours,



Armando V. Pomar  
President

AVP: cd