

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N51416**

1. Entity Name

**HISPANIC-AMERICAN DIABETES FOUNDATION CORPORATIO**

Principal Place of Business

Mailing Address

**12930 SW 49 TER  
MIAMI FL 33175****P.O. BOX 654503  
MIAMI FL 33265**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; 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

7. Name and Address of New Registered Agent

**POMAR, ARMANDO V.****5561 SW 136 CT  
MIAMI FL 33175**

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**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	CPD	<input type="checkbox"/> Delete
NAME	POMAR, ARMANDO V	
STREET ADDRESS	1782 W FLAGLER ST	
CITY-ST-ZIP	MIAMI FL 33135	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TD	<input type="checkbox"/> Delete
NAME	DIAZ, CARIDADO M	
STREET ADDRESS	12930 SW 49 TER	
CITY-ST-ZIP	MIAMI FL 33175	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	ARGUELLO-SANCHEZ, JOSE E	
STREET ADDRESS	351 NW LEJEUNE RD STE 105	
CITY-ST-ZIP	MIAMI FL 33126	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DS	<input type="checkbox"/> Delete
NAME	POMAR, MARTHA C	
STREET ADDRESS	1614 S.W. 1ST STREET	
CITY-ST-ZIP	MIAMI FL 33135	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	LEAL, ALEIDA	
STREET ADDRESS	C/O WQBA 2828 CORAL WAY	
CITY-ST-ZIP	MIAMI FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	FLORES-VILAR, LUIS J	
STREET ADDRESS	CONDOMINIO PARQUE DE LAS FUENTES, APT. 108	
CITY-ST-ZIP	HATO REY PR 00918	

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: *[Signature]**Sept 10/2001 (305) 261-5348***FILED**  
**Sep 17, 2001 8:00 am**  
**Secretary of State**

09-17-2001 90149 018 \*\*\*\*\*70.00

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)