

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 16, 2002 8:00 am**  
**Secretary of State**

09-16-2002 90159 032 \*\*\*\*70.00

**DOCUMENT # N51416**

1. Entity Name

**HISPANIC-AMERICAN DIABETES FOUNDATION CORPORATIO**  
**N**

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 & State

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,**  
**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 CPD ☐ Delete  
 NAME POMAR, ARMANDO V  
 STREET ADDRESS 1702 W FLAGLER ST 5561 SW, 136 CT  
 CITY-ST-ZIP MIAMI FL 33135 33175

TITLE D ☐ Change ☒ Addition  
 NAME AMADO L. VALDES  
 STREET ADDRESS 5690 SW, 130 Ave  
 CITY-ST-ZIP MIAMI, FL. 33183-1204

TITLE TD ☐ Delete  
 NAME DIAZ, CARIDADO M  
 STREET ADDRESS 12930 SW 49 TER  
 CITY-ST-ZIP MIAMI FL 33175

TITLE D ☐ Change ☒ Addition  
 NAME FELIPE GUTIERREZ  
 STREET ADDRESS 10863 SW, 88 ST (Apt. 447)  
 CITY-ST-ZIP MIAMI, FL 33176

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

TITLE D ☐ Change ☒ Addition  
 NAME ANGEL OSSCO  
 STREET ADDRESS 9040 SW, 97 Ave. (Apt 6)  
 CITY-ST-ZIP MIAMI, FL. 33176

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

TITLE D ☐ Change ☒ Addition  
 NAME JULIO ALVA  
 STREET ADDRESS 2441 SW, 142 PL.  
 CITY-ST-ZIP MIAMI, FL. 33175

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

TITLE D ☐ Change ☒ Addition  
 NAME ANTONIO de la Luz  
 STREET ADDRESS 14622 SW, 52 ST.  
 CITY-ST-ZIP MIAMI, FL. 33175

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

TITLE D ☐ Change ☒ Addition  
 NAME EVARISTO L. MARINA  
 STREET ADDRESS 2500 SW, 6 ST. (Apt. 504)  
 CITY-ST-ZIP MIAMI, FL. 33135

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:

*Armando V. Pomar* 9/12/2002 (305) 270-0063

CR2E037 (4/02)

*Attachment*

Miami, Florida  
September 12, 2002

STATE OF FLORIDA  
2002 UNIFORM BUSINESS REPORT  
DIVISION OF CORPORATION  
409 East Gaines St.  
TALLAHASSEE, FLORIDA 32399

RE: Doc # N51416

Hispanic American Diabetic Foundation Corp.

678069

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