2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 15, 2003 8:00 am
Secretary of State
09-15-2003 90155 015 ****70.00

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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
900 SW. 1st Street	P.O. Box 654503
Suite, Apt. #, etc.: Suite 300	Suite, Apt. #, etc.:
City & State: Miami, FL.	City & State: Miami, Florida
Zip: 33130 Country: USA.	Zip: 33265-4503 Country: USA

X CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0365023 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired X **$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: POMAR, ARMANDO V. Street Address (P.O. Box Number is Not Acceptable): 7100 S.W. 99th Ave. (Suite 104) City: Miami, FL. FL Zip Code: 33173

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: Armando V. Pomar 9/09/2003
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 10, 2003, min will be $236.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CPD POMAR, ARMANDO V ~~5591 SW 136 CT~~ 7100 SW. 99 Ave. (104) ~~MIAMI FL 33175~~ Miami, FL. 33173	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD JOSE E. PANTIN 4872 NW 4th. Terr. Miami, FL. 33126-1129	☐ Change X Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VALDES, AMADO L 5690 SW 130 AVE MIAMI FL 33183-1204 Deceased.	X Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROLANDO ESPINOSA 130 SW. 32 Ave Miami FL. 33135	☐ Change X Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GUTIERREZ, FELIPE 10863 SW 88 ST APT 447 MIAMI FL 33176	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PEDRO MELCHOR M.D. 2348 NW. 7 St. Miami, FL. 33125	☐ Change X Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OSSCO, ANGEL 9040 SW 97 AVE APT 6 MIAMI FL 33176	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ANDRES J. TAMAYO M.D. 7351 W. Flagler St. Miami, FL. 33144	☐ Change X Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALVA, JULIO 2441 SW 142 PL MIAMI FL 33175	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EMERITA VIZCAINO 282 NW. 47 Ave. Miami, FL. 33126	☐ Change X Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DE LA LUZ, ANTONIO 14622 SW 52 STREET MIAMI FL 33175	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALEXANDER ALFANO, ESQ. 2655 LeJeune Rd. (Suite 403) Coral Gables, FL. 33134	☐ Change X Addition

CR2E037 (4/03)

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 REQUIRED~~ Armando V. Pomar 9/09/03 (305) 270-0063
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #