FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR) - AMENDED

FILED

03 JUN -17 PM 1:22

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N93000001887

1. Entity Name

THE ARELLANO FOUNDATION, INC.

DO NOT WRITE IN THIS SPACE

800021445438
07/10/03--01007--012 **26.25

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
200 S. Biscayne Blvd	SAME
Suite, Apt. #, etc.: 41ST Flor	Suite, Apt. #, etc.
City & State: Miami FL	City & State
Zip: 33131 Country	Zip Country

4. FEI Number: 65-0413902 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Corporate International Registered Agents

Street Address (P.O. Box Number is Not Acceptable): 200 South Biscayne Blvd.

Suite 4100

City: Miami FL Zip Code: 33131

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	DPS	
NAME	Arellano, Jorge R.	
STREET ADDRESS	200 S. Biscayne Blvd. #4100	
CITY-ST-ZIP	Miami, FL 33131	
TITLE	D	
NAME	Fernández-Quincoces, Guillermo	
STREET ADDRESS	200 S. Biscayne Blvd., #4100	
CITY-ST-ZIP	Miami, FL 33131	
TITLE	DT	
NAME	Alexander, Gary D.	
STREET ADDRESS	2701 LeJeune Rd., Ste. 300	
CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE	D	
NAME	Arellano, Ana Laura	
STREET ADDRESS	605 Ocean Drive, Apt. 5M	
CITY-ST-ZIP	Key Biscayne, FL 33149	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	800021445438
NAME	07/10/03--01007--013 **35.00
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

CR2E034B (12/02)

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 6/16/03 (305) 577-4795

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

gr 7/2