

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 20, 2000 8:00 am**
Secretary of State

04-20-2000 90004 007 ****61.25

718294

DO NOT WRITE IN THIS SPACE

DOCUMENT # N93000003582

1. Entity Name

FOUNDATION FOR THE ADVANCEMENT OF MESOAMERICAN S

Principal Place of Business 268 SOUTH SUNCOAST BLVD CRYSTAL RIVER FL 34429	Mailing Address 268 SOUTH SUNCOAST BLVD CRYSTAL RIVER FL 34429-5498
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

4. FEI Number 59-3195520	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent THE PRENTICE HALL CORPORATION SYSTEM, INC. 1201 HAYES STREET, SUITE 105 TALLAHASSEE FL 32301	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCP RANIERI, LEWIS S. 225 N. HEWLETT AVENUE MERRICK NY <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP RANIERI, MARGARET 225 N. HEWLETT AVENUE MERRICK NY <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLDSTEIN, MARILYN DR. 259 SCHENCK AVENUE GREAT NECK NY <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BARBERA, ELIZABETH 1736 DANNET PLACE EAST MEADOW NY 11554 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BARDSLEY, SANDRA NOBLE 10976 COVE HARBOR DRIVE CRYSTAL RIVER FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REENTS-BUDET, DORIE 425 CAROLINA CIRCLE DURHAM NC <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kerr, Barbara 14 W 17th Street, Apt 2S New York, NY 10011 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kerr, Justin 14 W 17th Street, Apt 2S New York, NY 10011 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Diehl, Richard 1214 Wakefield Dr. Tuscaloosa, AL 35405 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Deents-Budget, Dorie Reents-Budget, Dorie 2211 Meade Lane Durham, NC 27707 <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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: Elizabeth Barbera **SIGNATURE REQUIRED** Elizabeth Barbera 4/11/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #