

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000004997

1. Entity Name

CARLOS MANTILLA ORTEGA FOUNDATION, INC.

Principal Place of Business

132 LAKE SHORE DR.
NORTH PALM BEACH FL 33408

Mailing Address

606 BALTIMORE AVENUE
STE 101
TOWSON MA 21204-4098
US

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

59-1904272

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

MANTILLA, DORIS C
132 LAKE SHORE DR. N.
PALM BEACH FL 33408

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 DPT ☐ Delete
NAME MANTILLA, DORIS C
STREET ADDRESS 132 LAKE SHORE DRIVE UNIT 1118 QUAY NORTH
CITY-ST-ZIP PALM BEACH FL 33408

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DV ☐ Delete
NAME ALBORNOZ, CARLA C
STREET ADDRESS AV. 1025 GONZALEZ SUAREZ
CITY-ST-ZIP QUITO, ECUADOR

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DV ☐ Delete
NAME MANTILLA, DAVID C
STREET ADDRESS AV. 1025 GONZALEZ SUAREZ
CITY-ST-ZIP QUITO, ECUADOR

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DV ☐ Delete
NAME MANTILLA, ROBERTO C
STREET ADDRESS AV. 1025 GONZALEZ SUAREZ
CITY-ST-ZIP QUITO, ECUADOR

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DV ☐ Delete
NAME ITURRALDE, ANDREA C
STREET ADDRESS AV. 1025 GONZALEZ SUAREZ
CITY-ST-ZIP QUITO, ECUADOR

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DV ☐ Delete
NAME JOHNSON, THOMAS
STREET ADDRESS 606 BALTIMORE AVE. SUITE 404E
CITY-ST-ZIP TOWSON MD 21204

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90056 016 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)