

DOCUMENT # N95000003383

1. Entity Name

FUNDACION NUESTRA SENORA DE LA ASUNCION, INC.

FILED

00 FEB 24 PM 2: 02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

800 W AVE
SUITE 1A
MIAMI BEACH FL 33139800 W AVE
SUITE 1A
MIAMI BEACH FL 33139-5573

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

65-0667145

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

LOWENTHAL, EVELINA
800 WEST AVE. # 1A
MIAMI BCH FL 33139

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)

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	LOWENTHAL, EVELINA	
STREET ADDRESS	800 W AVE SUITE 1A	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	D	☐ Delete
NAME	GIMENEZ, LUZ	
STREET ADDRESS	800 W AVE	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	D	☐ Delete
NAME	RODRIGUEZ, SONIA	
STREET ADDRESS	800 W AVE	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	D	☒ Delete
NAME	LOWENTHAL, EVELINA	
STREET ADDRESS	800 W AVE	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	D	☐ Delete
NAME	JEBAL, MERCEDES	
STREET ADDRESS	800 W AVE	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	D	☐ Delete
NAME	REYES, MARIA	
STREET ADDRESS	800 W AVE	
CITY-ST-ZIP	MIAMI BEACH FL 33139	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	EMMA FERNANDEZ KUNZLE
STREET ADDRESS	15 DE AGOSTO C/ GRAL. DIAZ
CITY-ST-ZIP	ASUNCION, PARAGUAY
TITLE	☒ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E037 (9/99)

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 #

14 Feb 00 325 673-3141

SP