

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003838

1. Entity Name

FITTIPALDI FOUNDATION OF THE AMERICAS, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90990 009 ****70.00

Principal Place of Business

Mailing Address

950 SOUTH MIAMI AVENUE
MIAMI FL 33130

950 SOUTH MIAMI AVENUE
MIAMI FL 33130-4121

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0606871

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

YANOWITZ, PETER
800 BRICKELL AVENUE
#550
MIAMI FL 33131

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 PD ☐ Delete
NAME FITTIPALDI, EMERSON
STREET ADDRESS 950 SOUTH MIAMI AVENUE
CITY-ST-ZIP MIAMI FL 33130

TITLE VP ☐ Change ☒ Addition
NAME Carlos da Cruz
STREET ADDRESS 950 S. Miami Ave.
CITY-ST-ZIP Miami FL 33130

TITLE VSD ☐ Delete
NAME FITTIPALDI, TERESA
STREET ADDRESS 950 S MIAMI AVE
CITY-ST-ZIP MIAMI FL

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

TITLE DO ☐ Delete
NAME ADAMS, STUART C
STREET ADDRESS 950 SOUTH MIAMI AVENUE
CITY-ST-ZIP MIAMI FL 33130

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

TITLE VP ☒ Delete
NAME GOODSTADT, DANIEL
STREET ADDRESS 950 S. MIAMI AVE
CITY-ST-ZIP MIAMI FL 33130

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Stuart C. Adams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-26-00
Date

305-358-9610
Daytime Phone #

CR2E037 (9/99)