

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 25, 2002 8:00 am**  
**Secretary of State**

08-25-2002 90215 032 \*\*\*\*61.25

DOCUMENT # ~~362485~~ **N95000003838**

1. Entity Name

FITTIPALDI FOUNDATION OF THE AMERICAS, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
123 S.E. 3RD AVENUE

3. Mailing Address  
123 S.E. 3RD AVENUE

Suite, Apt. #, etc.  
#352

Suite, Apt. #, etc.  
#352

City & State  
MIAMI, FL

City & State  
MIAMI, FL

Zip  
33131

Country  
USA

Zip  
33131

Country  
USA

4. FEI Number 65-0606871

Applied For  
Not Applicable

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name MORRISON, BROWN, ARGIZ & CO.

Street Address (P.O. Box Number is Not Acceptable)

1001 BRICKELL BAY DRIVE, 9TH FLOOR

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.

SIGNATURE

Signature, typed or printed name of registered agent, and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25  
Initial or Amended UBR

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

TITLE  
NAME PD  
STREET ADDRESS FITTIPALDI, EMERSON  
CITY-ST-ZIP 123 S.E. 3 AVE. #352, MIAMI, FL 33131

TITLE  
NAME VPD  
STREET ADDRESS DA CRUZ, CARLOS  
CITY-ST-ZIP 123 S.E. 3 AVE, #352, MIAMI, FL 33131

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

11. 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 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 #

CR2E037B (12/01)