

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90017 002 ****61.25

DOCUMENT # N95000004521

1. Entity Name

EVITA-INTERNATIONAL FOUNDATION, INC.

Principal Place of Business

471 N.W. 82 AVE.
 UNIT 718
 MIAMI FL 33126
 US

Mailing Address

471 N.W. 82 AVE.
 UNIT 718
 MIAMI FL 33126-8356
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0691372

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ECHAURI, FRANCIS R
471 N.W. 82 AVE.
UNIT 718
MIAMI FL 33126

7. Name and Address of New Registered Agent

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

| | | |
|----------------|-----------------------------------|--|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | ECHAURI, FRANCIS R | |
| STREET ADDRESS | 471 N.W. 82 AVE., UNIT 718 | |
| CITY-ST-ZIP | MIAMI FL 33126 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MUNOZ, JORGE R | |
| STREET ADDRESS | 471 N.W. 82 AVE., UNIT 718 | |
| CITY-ST-ZIP | MIAMI FL 33126 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | PUJALS, SUSANA | |
| STREET ADDRESS | 2836 SW 24TH TERRACE | |
| CITY-ST-ZIP | MIAMI FL 33145 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | RIPPES, CARLOS M | |
| STREET ADDRESS | 24 EAST 5TH ST. SUITE 2-E | |
| CITY-ST-ZIP | HIALEAH FL 33010 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | LUIS ALBERTO ORTIZ | |
| STREET ADDRESS | 831 SW 128 CT. UNIVERSITY LAKES | |
| CITY-ST-ZIP | MIAMI FL. 33184 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

CR2E037 (9/99)

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: *Francis R. Echaury*

Francis R. ECHAURI

4/21/2000

305-265-1017

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #