

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90125 003 ****61.25

003/124

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
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

65-0691372

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

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

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 D ☐ Delete
NAME ECHAURI, FRANCIS R
STREET ADDRESS 471 N.W. 82 AVE., UNIT 718
CITY-ST-ZIP MIAMI FL 33126

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

TITLE D ☐ Delete
NAME MUNOZ, JORGE R
STREET ADDRESS 471 N.W. 82 AVE., UNIT 718
CITY-ST-ZIP MIAMI FL 33126

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

TITLE D ☒ Delete
NAME ORTIZ, LUIS A
STREET ADDRESS 831 SW 128 CT UNIVERSITY LAKES
CITY-ST-ZIP MIAMI FL 33184

TITLE D ☐ Change ☒ Addition
NAME CRISTINA ZULEMA GODOY
STREET ADDRESS 17311 S.W. 12 St.
CITY-ST-ZIP Pembroke Pine Florida 33029

TITLE D ☐ Delete
NAME RIPPES, CARLOS M
STREET ADDRESS 24 EAST 5TH ST. SUITE 2-E
CITY-ST-ZIP HIALEAH FL 33010

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 15 2001

305-265-1017

Date

Daytime Phone #

CR2E037 (10/00)