

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000000245

1. Entity Name

BETTY CHE LEON FOUNDATION, INC.

Principal Place of Business

850 N.E. 42ND ST.
FT LAUDERDALE FL 33334
US

Mailing Address

850 N.E. 42ND ST.
FT LAUDERDALE FL 33334-3125
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

65-0643220

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILSON, CHARLES C JR
850 N.E. 42 ND ST.
FT LAUDERDALE FL 33334

*Pd
1/8/00
Ch #1020*

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 ☐ Delete
NAME WILSON, CHARLES C JR
STREET ADDRESS 850 N.E. 42ND STREET
CITY-ST-ZIP FT LAUDERDALE FL

TITLE D ☐ Delete
NAME BONITAIBUS, PETER N
STREET ADDRESS 1515 N FEDERAL HIGHWAY SUITE 222
CITY-ST-ZIP BOCA RATON FL 33432

TITLE D ☐ Delete
NAME TEJADA, FRANCISCO
STREET ADDRESS 6880 SW 132ND ST
CITY-ST-ZIP MIAMI FL 33156

TITLE D ☐ Delete
NAME CAPLIVSKI, GERTRUDE
STREET ADDRESS 6500 E TROPICAL WAY
CITY-ST-ZIP PLANTATION FL 33317

TITLE D ☐ Delete
NAME LOPEZ-TORRES, AUGUSTO
STREET ADDRESS 2623 S SEACREST BLVD
CITY-ST-ZIP BOYNTON BEACH FL 33435

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90319 029 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)