

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005734

1. Entity Name

FUNDACION INTERNACIONAL AMIGOS DEL NINO CON CANC

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

04-17-2000 90135 009 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 432194
SOUTH MIAMI FL 33243-2194

P.O. BOX 432194
SOUTH MIAMI FL 33243-2194

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0714933

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MARTINEZ, BEATRIZ
1101 BRICKELL AVE
SUITE 1102-B
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 ADELAIDA, BRILLE B
STREET ADDRESS 4850 SW 80 ST
CITY-ST-ZIP MIAMI FL 33143

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

TITLE VD ☐ Delete
NAME MARTINEZ, BEATRIZ
STREET ADDRESS 1101 BRICKELL AVE, SUITE 1102-B
CITY-ST-ZIP MIAMI FL 33131

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

TITLE TD ☐ Delete
NAME BOSCHETTI, ANELIS
STREET ADDRESS LEUCALANDRA 50
CITY-ST-ZIP CORAL GABLES FL 33131

TITLE ☒ Change ☐ Addition
NAME 3 GROVE ISLE DR. APT 309
STREET ADDRESS MIAMI FL 33133
CITY-ST-ZIP

TITLE SD ☒ Delete
NAME GARCIA, ELISA H
STREET ADDRESS 2830 SW 22 AVE
CITY-ST-ZIP MIAMI FL 33133

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

TITLE D ☐ Delete
NAME ALEMAN, INGRYS R
STREET ADDRESS 1130 COCONUT GROVE
CITY-ST-ZIP CORAL GABLES FL 33146

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

TITLE D ☐ Delete
NAME SAVELLI, MARITZA
STREET ADDRESS 6861 SW 136 ST
CITY-ST-ZIP MIAMI FL 33156

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)