

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2001 8:00 am
Secretary of State

05-19-2001 90282 006 ****61.25

DOCUMENT # N96000005734

1. Entity Name

FUNDACION INTERNACIONAL AMIGOS DEL NINO CON CANC

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

P.O. Box 432194

3. Mailing Address

P.O. Box 432194

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

South miami, Florida South miami, Florida

Zip
 33143-2194

Country

Zip
 33143-2194

Country

4. FEI Number 65-0714933

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

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
After September 12, 2001, min. will be \$236.25

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 PD
 NAME ADELAIDA, BRILLE B
 STREET ADDRESS 4850 SW 80 ST
 CITY-ST-ZIP MIAMI FL 33143 ☐ Delete

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

TITLE TD
 NAME BOSCHETTI, ANELIS
 STREET ADDRESS 3 GROVE ISLAND DR APT 309
 CITY-ST-ZIP MIAMI FL 33133 ☐ Delete

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

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

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 8810 SW 132 Place ☒ Change ☐ Addition
 NAME
 STREET ADDRESS miami, Florida 33186
 CITY-ST-ZIP

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

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

TITLE 1581 Brickell Avenue ☒ Change ☐ Addition
 NAME
 STREET ADDRESS Apt. PH-105
 CITY-ST-ZIP miami, Florida 33139

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 of Registered Agent

07/20/01 (305) 753-7998

CR2E037 (5/01)