

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005792

1. Entity Name

UNIVERSIDAD DE PALERMO FOUNDATION, INC.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90119 019 ****61.25

Principal Place of Business

Mailing Address

1240 S BISCAYNE POINT RD
MIAMI BEACH FL 33139

1240 S BISCAYNE POINT RD
MIAMI BEACH FL 33141-1742

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

65-0712820

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SACHER, CHARLES P
2655 LEJEUNE RD
SUITE 1101
CORAL GABLES FL 33139

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 ☐ Delete
NAME D
STREET ADDRESS BOEHLER, MARCI CRISTINA
CITY-ST-ZIP 3030 NE 19TH ST
FT LAUDERDALE FL 33305

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

TITLE ☐ Delete
NAME D
STREET ADDRESS MINOR, H. CALVIN
CITY-ST-ZIP 7 QUEEN'S LN
PENNINGTON NJ 08534

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

TITLE ☐ Delete
NAME D
STREET ADDRESS CARTAGENA, RAFAEL
CITY-ST-ZIP DELCASSE NO 20-CONDOMINIO DE MAR APT 603
SAN JUAN DE PUERTO RICO

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

TITLE ☐ Delete
NAME D
STREET ADDRESS POPOVSKY, RICARDO H
CITY-ST-ZIP UNIVERSIDAD DE PALERMO MARIO BRAVO 1302
1175 BUENOS AIRES ARGENTINA

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

TITLE ☐ Delete
NAME PD
STREET ADDRESS WOLFE, GREGORY
CITY-ST-ZIP 1240 S BISCAYNE POINT RD
MIAMI FL

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

TITLE ☐ Delete
NAME D
STREET ADDRESS ESCOTET, MIGUEL
CITY-ST-ZIP 2130 SW 94TH CT
MIAMI FL

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

Date

Daytime Phone #

CR2E037 (9/99)

10 April 2000 305-861-8241