

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 10, 2003 8:00 am
Secretary of State

09-10-2003 90050 010 ****61.25

DOCUMENT # N97000001546

1. Entity Name
AMERICAN FRIENDS OF LITTLE CHILDREN, INC.



Principal Place of Business

**11100 S.W. 60 AVE.
PINECREST FL 33156**

Mailing Address

**C/O MIGUEL VIYELLA
11100 S.W. 60 AVE.
PINECREST FL 33156**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0777491**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**VIYELLA, MIGUEL
200 S. BISCAYNE BLVD., STE. 3200
MIAMI FL 33131**

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. I am familiar with, and accept the obligations of registered agent.

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 10, 2003, min will be \$236.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	VIYELLA, MIGUEL	
STREET ADDRESS	200 S. BISCAYNE BLVD. SUITE 3200	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	V	<input type="checkbox"/> Delete
NAME	PORTSCHIE, LIAI	
STREET ADDRESS	ONE BISCAYNE TOWER	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	T	<input type="checkbox"/> Delete
NAME	CONCEPCIOR, CARLOS	
STREET ADDRESS	1015 PONCE DE LEON BLVD. # 11	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	S	<input type="checkbox"/> Delete
NAME	VIYELLA, SONNIA	
STREET ADDRESS	200 S. BISCAYNE BLVD. SUITE 3200	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEISS, BRIAN	
STREET ADDRESS	8801 SW 102ND ST.	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	D	<input type="checkbox"/> Delete
NAME	GREEN, BARTH	
STREET ADDRESS	620 SABAL PALM ROAD	
CITY-ST-ZIP	MIAMI FL 33137	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

Miguel Viyella September 3, 2003 (305) 632-0198

CR2E037 (4/03)