

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91318 021 ****70.00

DOCUMENT # N98000002033



1. Entity Name
FUNDANINA'S FOUNDATION, INC.

Principal Place of Business
**601 BRICKELL KEY DRIVE SUITE 705
MIAMI FL 33131**

Mailing Address
**601 BRICKELL KEY DRIVE SUITE 705
MIAMI FL 33131**

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 **65-0826617**

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

7. Name and Address of New Registered Agent

**DE LA PENA & BAJANDAS, LLP
601 BRICKELL KEY DRIVE SUITE 705
MIAMI FL 33131**

Name **De la Peña & Associates, P.A.**
Street Address (P.O. Box Number is Not Acceptable)
601 Brickell Key Drive, Suite 705
City **Miami** FL Zip Code **33131**

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]*
Signature, typed or printed name of registered agent and title if applicable.

Pres. De la Peña & Associates, P.A. 4/23/03
(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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	GUTIERREZ DE BOSCH, ISABEL	
STREET ADDRESS	601 BRICKELL KEY DRIVE, SUITE 705	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LIZARRALDE DE JAAR, ISABEL	
STREET ADDRESS	601 BRICKELL KEY DRIVE, SUITE 705	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BAJANDAS, RICARDO	
STREET ADDRESS	601 BRICKELL KEY DRIVE, SUITE 705	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DE LA PENA, LEONCIO	
STREET ADDRESS	601 BRICKELL KEY DRIVE, SUITE 705	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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	P.D.S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	De la Peña, Leoncio	
STREET ADDRESS	601 Brickell Key Drive, Suite 705	
CITY-ST-ZIP	Miami, FL, 33131	
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]* **SIGNATURE REQUIRED** *De la Peña* **4/23/03** **305-571-0709**

CR2E037 (10/02)