

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90090 045 ****61.25

DOCUMENT # N98000002102

1. Entity Name

FUNDACION HUMANISMO SIN FRONTERAS, INC.



Principal Place of Business

Mailing Address

10355 SW 40TH STREET
APT: 537
MIAMI FL 33165

10355 SW 40TH STREET
APT: 537
MIAMI FL 33165

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

91-1979784

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

CEPERO, EVELIO
1055 SW 40TH STREET APT 537
MIAMI FL 33165
10355

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
Due By May 1, 2007

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
NAME
STREET ADDRESS
CITY - ST - ZIP
CD
SUAREZ, AMANCIO
10450 NW 31 TERRACE
MIAMI FL 33172 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
CEPERO, EVELIO
10355 SW 40TH STREET APT 537
MIAMI FL 33165 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VPD
PALENZUELO, GONZALO
2960 CORAL WAY
MIAMI FL 33129 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SD
FERNANDEZ, GRISEL
175 SW 15 ROAD
MIAMI FL 33129 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

1/29/07

(305) 970-7750

Date

Daytime Phone #