

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

FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90355 037 ****61.25

DOCUMENT # 19800003101

1. Entity Name

VENEZUELAN AMERICAN NATIONAL FOUNDATION, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

MIAMI, FL.

3. Mailing Address

P.O. Box 2021

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2717 Ponce de Leon Blvd

City & State
Coral Gables, FL

City & State

Miami FL.

Country
USA

4. FEI Number

65-0839357

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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B0054164

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name José E. Gómez

Street Address (P.O. Box Number is Not Acceptable)

11950 SW 25 Terrace

City Miami

FL

Zip Code
33175

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.

José E. Gómez

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

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
NAME
STREET ADDRESS
CITY-ST-ZIP
Chairman
Raúl López Pérez
10773 NW 58 St #124
Miami FL 33178-2801

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Rafael Adrianza O
18344 NW 68 Ave, Suite E
Miami Lakes FL 33015

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
Dr. Luis R. Romero
3990 West Flagler Suite 203
Miami FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Treasury Director
Edwin Acosta-Rubio
2717 Ponce de Leon Blvd
Coral Gables FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary Director
Jose E. Gómez
11950 SW 25 Terrace
Miami FL 33175

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
Carlos M. Suarez
708 S Royal Poinciana
Miami Springs FL 33166

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information furnished 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

TESTER

03/14/02

CR2E037B (12/01)