

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003532

1. Entity Name

MENSANA FOUNDATION INC.

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

05-13-2000 90025 038 ****61.25

Principal Place of Business	Mailing Address
2180 BRICKELL AVE STE 11 MIAMI FL 33179	2180 BRICKELL AVE STE 11 MIAMI FL 33173-2722



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
10899 SW 72 st Suite, Apt. #, etc. 201 City & State MIAMI, FL Zip 33173 Country US	10899 SW 72 st Suite, Apt. #, etc. 201 City & State MIAMI, FL Zip 33173 Country US

4. FEI Number	Applied For
65-0863894	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DIAZ, CAMILO 2180 BRICKELL AVE STE 11 MIAMI FL 33179	Name Camilo DIAZ Street Address (P.O. Box Number is Not Acceptable) 10899 SW 72 st #201 City MIAMI FL Zip Code 33173

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 Camilo DIAZ 4/29/00 DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PTD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAZ, CAMILLO	NAME	
STREET ADDRESS	2180 BRICKELL AVE STE 11	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33179	CITY-ST-ZIP	
TITLE	VPTD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, HUMBERTO	NAME	
STREET ADDRESS	2130 SW 43RD ST	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33155	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIEDRA, JOSE	NAME	
STREET ADDRESS	1207 PLACETAS	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Camilo Diaz 4/29/00 305 412 3900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)