

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 10, 2001 08:00 AM****Secretary of State****DOCUMENT # N98000003887****1. Entity Name**
THE N. ETIEVAN FOUNDATION CORP.**Principal Place of Business**
ONE S.E. THIRD AVENUE
28TH FLOOR
MIAMI FL 33131**Mailing Address**
ONE S.E. THIRD AVENUE
28TH FLOOR
MIAMI FL 33131**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
☐ Applied For
☒ Not Applicable

Zip Country

Zip Country

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**AMERICAN INFORMATION SERVICES, INC.
ONE S.E. THIRD AVENUE
28TH FLOOR
MIAMI FL 33131Name
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.****SIGNATURE** **01/10/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE**FILE NOW: FEE IS \$61.25**
9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	☐ Delete		TITLE	☐ Change	☐ Addition	
NAME	ELIAS MARCUS			NAME			
STREET ADDRESS	ONE S.E. THIRD AVENUE 28TH FLOOR			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33131			CITY-ST-ZIP			
TITLE	D	☐ Delete		TITLE	☐ Change	☐ Addition	
NAME	SANTANDER FLAVIO			NAME			
STREET ADDRESS	ONE S.E. THIRD AVENUE 28TH FLOOR			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33131			CITY-ST-ZIP			
TITLE	D	☐ Delete		TITLE	☐ Change	☐ Addition	
NAME	DE ETIEVAN NATHALIE			NAME			
STREET ADDRESS	ONE S.E. THIRD AVENUE 28TH FLOOR			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33131			CITY-ST-ZIP			
TITLE		☐ Delete		TITLE	☐ Change	☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE	☐ Change	☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE	☐ Change	☐ 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)(f), 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: Flavio Santander** **Dir.** **01/10/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E037 (11/00)