

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002465

1. Entity Name

ANDES HOPE FOUNDATION, INC.

FILED

May 13, 2000 8:00 am
Secretary of State

05-13-2000 90025 041 ****61.25

Principal Place of Business

Mailing Address

8405 NW 53RD ST SUITE A205
MIAMI FL 33166

8405 NW 53RD ST SUITE A205
MIAMI FL 33166-4561

2. Principal Place of Business

3. Mailing Address

8600 NW 53rd Terrace

8600 NW 53rd Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 201

Suite 201

City & State
Miami FL

City & State
Miami FL

Zip Country
33166

Zip Country
33166

4. FEI Number

65-0934196

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

ROSILLO, FRANK
8405 NW 53RD ST SUITE A205
MIAMI FL 33166

Name

Rosillo, Frank

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

8600 NW 53rd Terrace

Suite 201

City

Miami

FL

Zip Code

33166

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.

(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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME Frank Rosillo
STREET ADDRESS 8600 N.W. 53rd Terrace Ste 201
CITY-ST-ZIP Miami FL 33166

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME William J. Brown
STREET ADDRESS 77 Brickell Ave Ste 1114
CITY-ST-ZIP Miami FL 33131

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME Javier D. de Medina
STREET ADDRESS Calacoto Calle 12 #7908
CITY-ST-ZIP La Paz, Bolivia

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Frank Rosillo, Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00

(305) 477-5671

Date

Daytime Phone #

CR2E037 (9/99)