

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003772

1. Entity Name

FEED THE FUTURE FOUNDATION, INC.

FILED
Feb 17, 2000 8:00 am
Secretary of State

02-17-2000 90076 047 ****70.00

Principal Place of Business

Mailing Address

600 N.E. 36TH STREET #1816
MIAMI FL 33137

600 N.E. 36TH STREET #1816
MIAMI FL 33137-3942

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0924092

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DE CASTRO, DEBORAH
1200 WEST AVE #906
MIAMI BEACH FL 33139

→ New Address →

Name

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

600 N.E. 36th Street, #1816

City

miami

FL

Zip Code

33137

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 D ☐ Delete
NAME DE CASTRO, DEBORAH
STREET ADDRESS 1200 WEST AVE #906
CITY-ST-ZIP MIAMI BEACH FL 33139 →

TITLE ☒ Change ☐ Addition
NAME 600 N.E. 36th Street, #1816
STREET ADDRESS miami - FL 33137
CITY-ST-ZIP

TITLE D ☐ Delete
NAME ARCE, MARILEY
STREET ADDRESS 3043 CENTER STREET
CITY-ST-ZIP MIAMI FL 33133

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

TITLE D ☐ Delete
NAME PAGANO, CAROLINA
STREET ADDRESS 2147 WEST AVE APT 906
CITY-ST-ZIP TEMPE AZ 85282

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
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CITY-ST-ZIP

TITLE ☐ Delete
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CF 2E037 (9/99)