2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

May 01, 2003 8:00 am Secretary of State DOCUMENT # **N99000003772** 05-01-2003 90397 020 ****70.00 FEED THE FUTURE FOUNDATION, INC. Principal Place of Business Mailing Address 600 N.E. 36TH STREET #1816 600 NE 36TH STREET 1816 MIAM! FL 33137 MIAMI FL 33137 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 65-0984092 Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DE CASTRO, DEBORAH Street Address (P.O. Box Number is Not Acceptable) **600 NE 36TH ST** #1816 **MIAMI FL 33137** City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITI E ☐ Delete TITLE ☐ Change ☐ Addition DE CASTRO, DEBORAH NAME NAME STREET ADDRESS 600 NE 36TH ST. #1816 STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33137** CITY-ST-ZIP TITLE ☐ Change ■ Addition ☐ Delete TITLE NASCIMENTO, MARILEY NAME NAME STREET ADDRESS **3043 CENTER STREET** STREET ADDRESS وتعليم فأستري CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33133 ☐ Addition TITLE ☐ Delete TITLE PAGANO, CAROLINA NAME NAME 1848 E. La Jolla Drive

☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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NAME

☐ Delete

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:

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS 870 N STATE STREET APT 1S

CHICAGO IL 60610

orah de CASTRO 4/2

Tempe - AZ 85285

☐ Addition