

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **099006005199**

1. Entity Name  
**INTERNATIONAL FOUNDATION OF DOMESTIC VIOLENCE SURVIVORS, Inc.**

FILED

00 MAY -3 PM 3:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business: **8359 SW 55th MIAMI, FLA 33144**  
Mailing Address: **9517 W FLAGLER ST MIAMI, FLA #117 33144**

2. Principal Place of Business  
3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number **65-0871452**  Applied For  Not Applicable  
5. Certificate of Status Desired  **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**LILY WAGNER**  
**8359 SW 55th**  
**MIAMI, FLA 33144**

7. Name and Address of New Registered Agent  
Name **LILY WAGNER**  
Street Address (P.O. Box Number is Not Acceptable)  
**8359 SW 55th**  
City **MIAMI** FL Zip Code **33144**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE	<b>FOUNDER/DIRECTOR/CHAIR</b> <input type="checkbox"/> Delete
NAME	<b>LILY WAGNER</b>
STREET ADDRESS	<b>8359 SW 55th</b>
CITY-ST-ZIP	<b>MIAMI, FLA 33144</b>
TITLE	<b>FOUNDER/DIRECTOR/VICEPRES</b> <input type="checkbox"/> Delete
NAME	<b>ENRIQUE BLANCO</b>
STREET ADDRESS	<b>987 SE 55th</b>
CITY-ST-ZIP	<b>MIAMI, FLA 33010</b>
TITLE	<b>FOUNDER/DIRECTOR/SECRETARY</b> <input type="checkbox"/> Delete
NAME	<b>GLORIA SHERBORNE</b>
STREET ADDRESS	<b>706 NW 57th AVE</b>
CITY-ST-ZIP	<b>MIAMI, FLA 33172</b>
TITLE	<b>FOUNDER/DIRECTOR/TREASURER</b> <input type="checkbox"/> Delete
NAME	<b>WILFREDO CALVARO</b>
STREET ADDRESS	<b>8359 SW 55th</b>
CITY-ST-ZIP	<b>MIAMI, FLA 33144</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>700003246797- -2</b>
CITY-ST-ZIP	<b>-05/10/00--01078--008</b>
	<b>*****61.25 *****61.25</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Lily Wagner** **LILY WAGNER PRES** 4/29/00 305-525-8986  
DATE: \_\_\_\_\_ DAYTIME PHONE: \_\_\_\_\_

CR2E037 (9/99)