

# 2000 ~~UNIFORM~~ BUSINESS REPORT (UBR)

DOCUMENT # **099006005199**

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

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  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country

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 \_\_\_\_\_  
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

TITLE	FOUNDER/DIRECTOR/CHAIR	<input type="checkbox"/> Delete
NAME	LILY WAGNER	
STREET ADDRESS	8359 SW 55th	
CITY-ST-ZIP	MIAMI, FLA 33144	
TITLE	FOUNDER/DIRECTOR/Vice Pres	<input type="checkbox"/> Delete
NAME	ENRIQUE BLANCO	
STREET ADDRESS	987 SE 5th	
CITY-ST-ZIP	MIAMI, FLA 33010	
TITLE	FOUNDER/DIRECTOR/SECRETARY	<input type="checkbox"/> Delete
NAME	GLORIA SHERBORNE	
STREET ADDRESS	706 NW 5th Ave	
CITY-ST-ZIP	MIAMI, FLA 33122	
TITLE	FOUNDER/DIRECTOR/TREASURER	<input type="checkbox"/> Delete
NAME	WILFREDO CALVINO	
STREET ADDRESS	8359 SW 55th	
CITY-ST-ZIP	MIAMI, FLA 33144	
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		
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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED  
00 MAY -3 PM 3:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)