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

DOCUMENT # N 99000006385

**1. Entity Name**

JACQUES MARITAIN FOUNDATION INC

## DO NOT WRITE IN THIS SPACE

90129176

**2. Principal Place of Business**
8250 S.W. 31 ST

Suite, Apt. #, etc.

**3. Mailing Address**
8250 S.W. 31 ST

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State MIAMI, FLA

City & State MIAMI, FLA

Zip 33155   Country USA.

Zip 33156   Country USA

**4. FEI Number** 65-0959546

| | Applied For |
| --- | --- |
| | Not Applicable |

**5. Certificate of Status Desired** ☒ $8.75 Additional Fee Required

## DO NOT WRITE IN THIS SPACE

**7. Name and Address of Current Registered Agent**

Name JOSE I. RASCO

Street Address (P.O. Box Number is Not Acceptable) 8250 S.W. 31 ST

City MIAMI   FL   Zip Code 33155

**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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

**FEE IS $61.25**
**Initial or Amended UBR**

**9.** Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

| **10.** | OFFICERS AND DIRECTORS | | |
| --- | --- | --- | --- |
| TITLE | D. | TITLE | |
| NAME | JOSE I. RASCO | NAME | |
| STREET ADDRESS | 8250 S.W 31 ST | STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI, FL. 33155 | CITY-ST-ZIP | |
| TITLE | D. | TITLE | |
| NAME | UVA DE ARAGON. | NAME | |
| STREET ADDRESS | 9922 S.W. 2 St. | STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI, FL. 33174 | CITY-ST-ZIP | |
| TITLE | D. | TITLE | |
| NAME | PEDRO L. GUERRA. | NAME | |
| STREET ADDRESS | 7860 S.W. 22 ST | STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI, FL. 33155 | CITY-ST-ZIP | DO NOT WRITE |
| TITLE | | TITLE | IN THIS SPACE |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
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| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

CR2E037B (12/02)

**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 on an attachment with an address, with all other like empowered.

SIGNATURE: X _Guerra_   04/30/03 (305) 261-1024