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

DOCUMENT # N9900007160

1. Entity Name

CNC FOUNDATION, INC.



FILED Feb 10, 2003 8:00 am Secretary of State

02-10-2003 90175 013 ****61.25

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Principal Place of Business Mailing Address 1223 S.W. FOURTH STREET 1223 S.W. FOURTH STREET MIAMI FL 33135-2407 MIAMI FL 33135-2407 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 63-0969496 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DIAZ. GUARIONE M Street Address (P.O. Box Number is Not Acceptable) 1223 S.W. FOURTH STREET MIAMI FL 33135-2407 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE DIRECTOR Delete TITLE (10/02)☐ Change ☐ Addition GALAN, JUAN A JR. LOSIE DE GOYNSOLD NAME NAME 355 COCOPLUM ROAD STREET ADDRESS 468 SWILL TH ROAD STREET ADDRESS CITY-ST-7IP MIAMI FL 33143 CITY-ST-ZIP MILLIN TO 73129 VPAT GCLETHIN TITLE ☐ Delete TITLE ☐ Change ☐ Addition PAZOS, ANDRES NAME CRYTICA SANTANA NAME 1223 S.W. FOURTH STREET STREET ADDRESS STREET ADDRESS 1223 SW UTH SMEET **MIAMI FL 33135** CITY-ST-ZIP CITY-ST-ZIP MIANI R 33198 TD DINECTON ☐ Delete TITLE Change Addition RODRIGUEZ, ANGEL R BEATHE M, divery NAME 4961 S.W. 74TH COURT STREET ADDRESS STREET ADDRESS Lyo North LABALLE GREEK, STE 710 CITY-ST-ZIP **MIAMI FL 33155** CITY-ST-ZIP Chicken, IL bolio-3731 TITLE DIRECTOR ☐ Delete TITLE ☐ Change ☐ Addition DIAZ, GUARIONE M NAME FRED M. MALLICE NAME 1223 SW 4TH STREET STREET ADDRESS STREET ADDRESS sous swike in someet CITY-ST-ZIP **MIAMI FL 33135** CITY-ST-7IP MIRANI, R. 33187-2792 DIRECTOR DIRECTOR ☐ Delete TITLE Change Addition KOUSTIN DE BOYTISOUS, SE DENE F. NOCHA NAME NAME 1550 MADRUGA AVE, STE 403 STREET ADDRESS 3001 South MIAMI AVENUE STE 103 STREET ADDRESS CiTY-ST-7IP corpusations, he so you CITY-ST-ZIP 75177 MIMMI 6 Director TITLE Delete TITLE SIMPLETOR ☐ Change ☐ Addition MARTA GALAN MICARDO NAME DELLA REYES IUGTS MIDWAY DAM, #200 NAME STREET ADDRESS 129 E 92 NO STREET, APT 5-A STREET ADDRESS HEWYORK. TF 75001-3152 MY JODE CITY-ST-ZIP MODISON),

12. I hereby certify that the information supplied with this filling 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 REQUIRED

me Miller [458,2003 (305) 4123444 101