

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P00000110946**

1. Entity Name
JOSE ASSAF Y OLGA DE ASSAF FOUNDATION, INC.

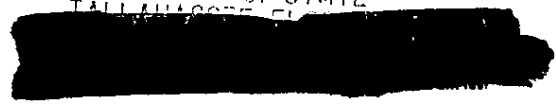
FILED

01 OCT 15 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FL
00063938

Principal Place of Business
**7171 CORAL WAY - SUITE 400
MIAMI FL 33155**

Mailing Address
**7171 CORAL WAY - SUITE 400
MIAMI FL 33155**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7171 Coral Way - Suite 404
Suite, Apt. #, etc.
MIAMI
City & State

3. Mailing Address
7171 Coral Way
Suite, Apt. #, etc.
Suite 404
City & State
MIAMI

4. FEI Number
65-1059019

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

Zip Country
FL 33155 U.S.A.

6. Name and Address of Current Registered Agent
**CASTRO, FERNANDO P
7171 CORAL WAY - SUITE 400
MIAMI FL 33155**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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.

SIGNATURE _____ DATE **9-10/2001**

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$550.00**
After September 12, 2001? Fee will be \$750.00
Make Check Payable to Department of State

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST CASTRO, FERNANDO P 7171 CORAL WAY - SUITE 400 MIAMI FL 33155 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASTRO, FERNANDO P 7171 CORAL WAY - SUITE 400 MIAMI FL 33155 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST FERNANDO XAVIER PEREZ CASTRO 7171 CORAL WAY - SUITE 404 MIAMI FL 33155 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERNANDO XAVIER PEREZ CASTRO 7171 CORAL WAY - SUITE 404 MIAMI FL 33155 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all the checks empowered.

SIGNATURE: **SIGNATURE REQUIRED** DATE **9-10/2001** (305) 667-0064

CR2E034 (5/01)