

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90122 044 ***150.00

DOCUMENT # **P00000110946**

1. Entity Name:

JOSE ASSAF YOLGA DE ASSAF FOUNDATION, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8697 S. DIXIE HWY.

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Miami, FL

City & State

4. FEI Number
651059019

Applied For
Not Applicable

Zip
33143

Country

Zip

Country

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

7. Name and Address of Current Registered Agent

Name **Fernando X Perez**

Street Address (P.O. Box Number is Not Acceptable)

8697 S. DIXIE HWY

City **Miami**

FL Zip Code **33143**

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IN THIS SPACE**

6. 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 of person or persons named as registered agent and fee if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**January 1 - May 1: Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25**

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE
NAME **Pd Fernando X Perez**
STREET ADDRESS **8697 S. DIXIE HWY**
CITY- ST- ZIP **Miami, FL 33143**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME **Diego P. Perez**
STREET ADDRESS **8697 S. DIXIE HWY**
CITY- ST- ZIP **Miami, FL 33143**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME **Sec. Jose E. Perez**
STREET ADDRESS **8697 S. DIXIE HWY**
CITY- ST- ZIP **Miami, FL 33143**

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CITY- ST- ZIP

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like empowered.

SIGNATURE  **04/08/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034B (12/01)