

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

DOCUMENT # P01000023827

1. Entity Name

FUNDACION PORVENIR, INC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 OCT 10 PM 2:43

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2315 NW 107 AVE

3. Mailing Address

2315 NW 107 AVE

Suite, Apt. #, etc.

SUITE 1M32, BOX 32

Suite, Apt. #, etc.

SUITE 1M32, BOX 32

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-1120088

Applied For

Not Applicable

Zip

33172

Country

USA

Zip

33172

Country

USA

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name CARLOS F. OLAVE

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

2315 NW 107 AVE SUITE 1M32, BOX 32

City MIAMI

FL

Zip Code  
33172

**DO NOT WRITE  
IN THIS SPACE**

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

10/7/2003

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00.

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PRESIDENT  
CARLOS F. OLAVE  
5225 NW 112 AVE #3, MIAMI, FL. 33178

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VICE-PRESIDENT  
DIANA SILVA  
5225 NW 112 AVE #3, MIAMI FL 33178

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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51103 90813 035 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/07/03

Date

305-513-0304

Daytime Phone #

CR2E034B (12/02)



212

Miami, October 7, 2003

Department of State  
**Division of Corporations**  
Corporate Filings  
Att: Mr. Andy  
P.O. Box 6327  
Tallahassee, FL 32314

Ref.: P01000023827

Dear Sirs,

As per our conversation with Mr. Tom today, we inform you that we never received your correspondence concerning the corrections. Attached please find the form duly filled out as well as a copy of the check No. 1652 from Fundacion Porvenir Inc., Wachovia Bank, for the payment of the Corporation Reinstatement in the amount of \$150.00 dated April 28, 2003.

Please contact us if you do have any questions.

Sincerely yours,

  
**Carlos F. Olave**  
Director