

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

4/28/2003-90528-027-\$150.00-\$150.00

0175808
AV

DOCUMENT # P02000057195



1. Entity Name
FOUNDATION MEMBERS INCORPORATED

FILED

03 JUN 18 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
29637 S DIXIE HWY #391
HOMESTEAD FL 33033

Mailing Address
29637 S DIXIE HWY #391
HOMESTEAD FL 33033



2. Principal Place of Business

3. Mailing Address

29637 S. Dixie Hwy
Suite, Apt. #, etc.
Suite 391

29637 S. Dixie Hwy
Suite, Apt. #, etc.
391

City & State
Miami, FL

City & State
Miami, FL

Zip Country
33033 U.S.

Zip Country
33033 U.S.

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

01-0700452

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARR, JOEL
26461 SW 124 AVE
MIAMI FL 33032

Name
Foundation Members Inc
Street Address (P.O. Box Number is Not Acceptable)
29637 S. Dixie Hwy
Suite 391
City Miami FL Zip Code 33033

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]
Signature, typed or printed name of registered agent and title if applicable.

(Owner)
(NOTE: Registered Agent signature required when reinstating)

DATE 8/11/03

~~FILE NOW!! FEE IS \$150.00~~

After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
OFFICERS
Victoria Belliel
1196 Eastern Pky
New York, NY 11213 (Exec. Director)

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Benave Belliel
26461 S.W. 124 Ave
Miami, FL 33032 (V.P.)

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] REQUIRED JOEL CARR

DATE 8/11/03

Daytime Phone #

CR2E034 (10/02)