

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P05508

1. Entity Name

BE YOUR HOST FOUNDATION, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90135 024 ****61.25

Principal Place of Business Mailing Address
%CURTIS. MALLET-PREVOST. COLT ET AL %CURTIS. MALLET-PREVOST. COLT ET AL
520 BRICKELL KEY DR..STE.206 520 BRICKELL KEY DR..STE.206
MIAMI FL 33131 MIAMI FL 33131-2607

2. Principal Place of Business 3. Mailing Address

8725 NW 18th Terr Suite, Apt. #, etc.

301 Suite, Apt. #, etc.

City & State City & State
MIAMI FL.

Zip Country Zip Country
33172 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 52-1382693		Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent		
7. Name and Address of New Registered Agent		
Name		
Street Address (P.O. Box Number is Not Acceptable)		
City		Zip Code
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	TITLE	
NAME	CORZO, MIRIAM	NAME	
STREET ADDRESS	520 BRICKELL KEY DRIVE., STE 206	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	
TITLE	TD	TITLE	
NAME	RODRIGUEZ, JOSE	NAME	
STREET ADDRESS	520 BRICKELL KEY DRIVE., STE 206	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	
TITLE	SD	TITLE	
NAME	LEON, MARIA D	NAME	
STREET ADDRESS	520 BRICKELL KEY DRIVE., STE 206	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/2000

Date

305-416-6533

Daytime Phone #

CR2E037 (9/99)