


**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90223 031 \*\*\*61.25

**2003 NOT-FOR-PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # N02000008560**

1. Entity Name  
**FUNDACION KANJOBAL GUATEMALTECA, INC.**



Principal Place of Business  
**1101 N.W. 9TH COURT  
 HOMESTEAD FL 33030**

Mailing Address  
**P.O. BOX 901331  
 HOMESTEAD FL 33030**

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip



CHECK HERE IF MAKING CHANGES

4. FEI Number  
**75-3087248**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**FRANCISCO, ANTONIO LEON  
 1101 N.W. 9TH COURT  
 HOMESTEAD FL 33030**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable 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 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	FRANCISCO, ANTONIO LEON	"D"
STREET ADDRESS	1101 N.W. 9TH COURT	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE	VP	<input type="checkbox"/> Delete
NAME	JUAREZ, MARCOS	"D"
STREET ADDRESS	1141 NW 9TH ST	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE	SEC.	<input type="checkbox"/> Delete
NAME	DIEGO, MIGUEL	"D"
STREET ADDRESS	1227 N.W. 12TH ST.	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE	TREA	<input type="checkbox"/> Delete
NAME	MARCOS, GERONIMO	"T"
STREET ADDRESS	1291 N.W. 10TH ST.	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE	TRES	<input type="checkbox"/> Delete
NAME	PEDRO, ANDRES	"T"
STREET ADDRESS	800 N.W. 8TH AVE.	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: *X FRANCISCO, ANTONIO LEON*

2/5/03 (305) 248-9200

CR2E037 (10/02)