## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Jun 20, 2000 8:00 am DOCUMENT # **752927** Secretary of State SPAIN - U.S. CHAMBER OF COMMERCE, INC. 06-20-2000 90005 005 \*\*\*\*61.25 Mailing Address Principal Place of Business 2655 LE JEUNE RD SUITE SEE 900 CORAL GABLES FL 33134 2655 LE JEUNE BD SUITE TO CO CORALGABLES FL 33134-5802 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2043472 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6.-Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VALDES-FAULI, RAUL Raul Valdes- Far Street Address (P.O. Box Number is Not Acceptate) MARQUINA, JOSE 286 SEAVIEW DR # KEY BISCAYNE FL 33149 AMI 8. The above named entity submits this statement for the purchase 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 it (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS ADDITIONS/CHANGES 10. 11. PDD TITLE TITLE PDD **X** Delete VALDÉS-FAULI, RAUL 2005. BISCAYNE BLVD., YZNO FLOOR NAME MARQUINA, JOSE NAME STREET ADDRESS STREET ADDRESS 2655 LE JEUNE ROAD. STE 905 MIAMI FL 33131 CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33134 VPDChange **Addition** TITLE **⊠** Delete TITLE VPD LINARES, JULIAN NAME NAME VERDIJAS, SAM 801 BRICKELL BAY DRIVE, SUITE 463 STREET ADDRESS STREET ADDRESS 999 PONCE DE LEON BLVD, STE 605 MIAMI FL 33131 CITY-ST-ZIP CITY-ST-7IP CORAL GABLES FL 33134 ☐ Change Addition TITLE VPD ■ Delete MARTINEZ-LLUCH, GUILLERMO NAME LOSA, ELVIRA 801 BRICKELL AVE., SUITE 2320 STREET ADDRESS STREET ADDRESS 6100 BLUE LAGOON DRIVE, STE 200 CITY-ST-7IP MIAMI FL 33131 CITY-ST-ZIP MIAMI FL 33176 ☐ Change **Addition** ■ Delete TITLE HIDALGO, RAFAEL NAME NAME ANGELO, SUSAN 2655 LE JEUNE ROAD, SUITE 908 STREET ADDRESS STREET ADDRESS 16400 N W 32ND AVENUE CORAL GABLES PL 33/34 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33054 Change **★** Addition Delete PASCUAL, GABRIEL 2100 SALZEDO ST., SUITE 301-B NAME OLARTE, LUIS NAME STREET ADDRESS STREET ADDRESS 1900 NW 92 AVE CORALGABLES FL 33134 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change ☐ Addition TITLE ☐ Delete 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: