2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED May 28, 2002 8:00 am Secretary of State DOCUMENT # **752927** 1. Entity Name 05-28-2002 91525 038 ****61.25 SPAIN - U.S. CHAMBER OF COMMERCE, INC. Principal Place of Business Mailing Address 2655 LE JEUNE RD 2655 LE JEUNE RD 434863 SUITE 906 SUITE 906 CORAL GABLES FL 33134 **CORAL GABLES FL 33134** 2. Principal Place of Business 3. Mailing Address 221 BRICHELL AUENUE 1221 BRICKELL AUENUE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite_Apt. #, etc. 1000 1000 Applied For City & State City & State 4. FEI Number MIDMI 59-2043472 IMAIM Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired €)≤ • • • Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LRAFAEL HIDALGO Street Address (P.O. Box Number is Not Acceptable) 2655 LE TEUNE ROAD VALDES-FAULI, RAUL 200 SOUTH BISCAYNE BLVD MIAMI FL 33-1319 8. The above named entity submits this stater ent for the purpose of changing its registered office or registered agent, or both, in the state of Florida. 5/2/02 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Pavable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. (9/01)PDD Change ☐ Addition TITLE TITLE Delete HIDALGO RAFAEL VALDES-FAULI, RAUL NAME NAME STREET ADDRESS 200 S. BISCAYNE BLVD. 42ND FLOOR STREET ADDRESS 2655 LE JEUNE RD., SUITE 615 CITY-ST-7IP CITY-ST-ZIP **MIAMI FL 33131** CORAL GABLES, FL 33134 VPD □ Change ☐ Delete TITLE ☐ Addition ESTEVE, JOSE LUIS NAME NAME STREET ADDRESS 6991 NW 51 STREET STREET ADDRESS CITY-ST-ZIP-CITY-ST=ZIP MIAMI FL 33166 --VPDChange ☐ Addition TITLE M Delete TITLE NAME MARTINEZ-LLUCH, GUILLERMO DLLDQUI, PAFAEL 444 BRICKELL WENUE, STE. 250 STREET ADDRESS 801 BRICKELL AVE., SUITE 2320 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIDMI , FL 33131 **MIAMI FL 33131** SD Delete TITLE Change ☐ Addition TITLE MARTIN, JESUS NAME NAME STREET ADDRESS STREET ADDRESS 8600 NW 53 TERRACE, SUITE 123 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33166 Change Change ■ Delete ☐ Addition TITLE TITI F ALONSO, TOMAS PASCUAL, GABRIEL NAME NAME 1111 BRICKELL AVENUE, SUITE 1700 STREET ADDRESS STREET ADDRESS 2100 SALZEDO ST., SUITE 301-B CITY-ST-ZIP CITY-ST-ZIP 1EIEG JF, IMAIM **CORAL GABLES FL 33134** ☐ Change TITLE ☐ Detete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filling 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.