

2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 02, 2000 8:00 am Secretary of State

02-08-2000 90050 025 ****61.25

DOCUMENT # N27911

1. Entity Name
EQUADORIAN-AMERICAN CHAMBER OF COMMERCE OF GREAT

Principal Place of Business 1390 BRICKELL AVE. SUITE 220 MIAMI FL 33131		Mailing Address 1390 BRICKELL AVE. SUITE 220 MIAMI FL 33131-3322	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0191036** 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

LOTHARIUS, RICHARD
~~1390 SOUTH DIKE HIGHWAY~~ **7750 MINDELLO ST**
SUITE 2205
CORAL GABLES FL 33146 33143

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.

SIGNATURE *[Signature]* DATE **1/22/00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	D	<input checked="" type="checkbox"/> Delete
NAME	LANIADO, MAURICIO E	
STREET ADDRESS	1390 BRICKELL AVE., 5TH FLOOR	
CITY-ST-ZIP	MIAMI FL	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	VILLAVICENCIO, RAUL	
STREET ADDRESS	P.O. BOX 527542	
CITY-ST-ZIP	MIAMI FL 33152	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	CABRERA, CESAR	
STREET ADDRESS	4251 S.W. 138 CT.	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CONTRERAS, ELENA	
STREET ADDRESS	8125 NW 53RD ST., STE 200	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	A	<input type="checkbox"/> Delete
NAME	LOTHARIUS, RICHARD	
STREET ADDRESS	1390 S. DIKE HWY, STE 2205	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GOMEZ, OSCAR	
STREET ADDRESS	1221 BRICKELL AVE	
CITY-ST-ZIP	MIAMI FL 33131	

TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
NAME	ROSANNA MOLINARI	
STREET ADDRESS	100 SE 2ND ST, STE 2800	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
NAME	ALEX ASTUDILLO	
STREET ADDRESS	P.O. BOX 1105	
CITY-ST-ZIP	MIAMI FL 33256	
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
NAME	CARMEN TERNEUS	
STREET ADDRESS	1390 BRICKELL AVE, STE 220	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
NAME	RINA PAZ	
STREET ADDRESS	701 BRICKELL AVE, STE 3250	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME	7750 MINDELLO ST	
STREET ADDRESS	CORAL GABLES, FL 33143	
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/>

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

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** Date **1-24-00** Daytime Phone # **305-596-1192**