





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

**FILED**  
May 01, 2003 8:00 am  
Secretary of State

05-01-2003 90313 006 \*\*\*\*70.00

<b>DOCUMENT # N27911</b>			
1. Entity Name <b>ECUADORIAN-AMERICAN CHAMBER OF COMMERCE OF GREAT ER MIAMI, INC.</b>			
Principal Place of Business <b>1390 BRICKELL AVE. SUITE 220 MIAMI FL 33131</b>		Mailing Address <b>1390 BRICKELL AVE. SUITE 220 MIAMI FL 33131</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>65-0191036</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>LOTHARIUS, RICHARD 7750 MINDELLO ST SUITE 2205 CORAL GABLES FL 33143</b>		Name <b>CARMEN TERNEUS</b> Street Address (P.O. Box Number is Not Acceptable) <b>2913 BIRD AVENUE</b> City <b>MIAMI</b> FL Zip Code <b>33133</b>	
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 		DATE	
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P GUSTAVO, LENOS 1390 BRICKELL AVE 220 MIAMI FL 33131</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>JUAN CARLOS ISAIAS - P/D 1390 BRICKELL AVE. # 220 MIAMI, FL 33131</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD ASTUDILLO, ALEX PO BOX 1105 MIAMI FL 33258</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICTORIA ROCA DE RIOS - T/D 20379 W. COUNTRY CLUB DR., STE 1440 ADVENTURA, FL 33180-1663</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD TERNEUS, CARMEN 1390 BRICKELL AVE, STE 220 MIAMI FL 33131</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/AUDITOR CARMEN TERNEUS 1390 BRICKELL AVE, STE 220 MIAMI, FL 33131</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D POSMANA, MOLINARI W 200 S BISCAYNE BLVD 3410 MIAMI FL 33131</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ROSAUR MOLINARI 200 S. BISCAYNE BLVD, ST 220 MIAMI, FL 33131.</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>A LOTHARIUS, RICHARD 7750 MINDELLO ST CORAL GABLES FL</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MARCEL FERAUD 2923 LOUISE ST MIAMI, FL 33133</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GOMEZ, OSCAR 1221 BRICKELL AVE MIAMI FL 33131</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FRANCISCO BEJIRE 2800 NW 112 AVE MIAMI, FL 33172.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 REQUIRED 	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <b>3/20/03</b> Daytime Phone <b>(305) 539-0010</b>	

CR2E037 (10/02)