2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State
05-16-2000 90085 040 ****61.25

DOCUMENT # N43188

1. Entity Name

CENTRAL AMERICA - U.S. CHAMBER OF COMMERCE, INC

Principal Place of Business	Mailing Address
2100 PONCE DE LEON BLVD., #1180 CORAL GABLES FL 33134 US	2100 PONCE DE LEON BLVD., #1180 CORAL GABLES FL 33134-5201 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2100 Salzedo St.	2100 Salzedo St.
Suite, Apt. #, etc.: Suite #301-B	Suite, Apt. #, etc.: Suite #301-B
City & State: Coral Gables, Fl.	City & State: Coral Gables, Fl.
Zip: 33134 Country: U.S.A.	Zip: 33134 Country: U.S.A.

4. FEI Number: 65-0287364 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DE ARMAS, LUIS
201 S BISCAYNE BLVD.
1500 MIAMI CENTER
MIAMI FL 33131

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.

SIGNATURE _____ DATE

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PASCUAL, GABRIEL 2100 PONCE DE LEON BLVD., #1180 CORAL GABLES FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PASCUAL, GABRIEL 2100 Salzedo St. #301-B Coral Gables, Fl. 33134	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HERNANDEZ, DEBORAH 801 BRICKELL AVE., #1090 MIAMI FL 33131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HERNANDEZ, DEBORAH 801 Brickell Ave. #1090 Miami, Fl. 33131	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FOWLER, PETER 800 BRICKELL AVE., SUITE 900 MIAMI FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP THOMAS SPANG 801 Brickell Ave. Miami, Fl. 33131	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CAMPO, OTTO 1320 S. DIXIE HWY., #600 CORAL GABLES FL 33146	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SALVADOR BONILLA-MATHE 3400 Coral Way #700 Miami, Fl. 33134	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS DE ARMAS, LUIS 1500 201 BISCAYNE BLVD MIAMI FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T COLIN Veater 100 S.E. 2nd St. #30 Floor MiMMI, Fl. 33131	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CAMOPO, OTTO 1500 PORT BLVD, DODGE ISLAND MIAMI FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ANTHONY SIERRA 1320 S.Dixie Hwy. 6th Floor Coral Gables, Fl. 33146	☐ Change ☒ 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: x [signature] Executive Director 4/20/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #