4/11

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State
04-11-2002 90697 005 ****61.25

DOCUMENT # N43188

1. Entity Name

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

Principal Place of Business	Mailing Address
2100 SALZEDO ST. STE 301-B MIAMI FL 33134 US	2100 SALZEDO ST. STE 301-B MIAMI FL 33134 US

[redacted]

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 65-0287364 ☐ 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
DE ARMAS, LUIS 201 S BISCAYNE BLVD. 1500 MIAMI CENTER MIAMI FL 33131	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.

DEP
FC
A

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

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~~ President PASCUAL, GABRIEL 2100 PONCE DE LEON BLVD., #1180 CORAL GABLES FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CAMILO CASTELLON 4045 NW 97 AVE MIAMI FL 33178	☐ 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	SECRETARY COLIN VEATER 100 SE 2ND ST, 30 FLR 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	TREASURER MANUEL SICRE 777 BRICKELL AVE #1300 MIAMI, FL 33131	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SPANG, THOMAS 801 BRIKCELL AVE MIAMI FL 33131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SALVADOR GONILLA MATHE 3400 CORAL WAY SUITE 700 MIAMI, FL 33134	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~SD~~ ~~DE ARMAS, LUIS~~ ~~1500 201 BISCAYNE BLVD~~ MIAMI FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PUNIA Miranda 1101 BRICKELL AVE, SUITE 1003-SA MIAMI, FL 33131	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ ~~SIERRA, ANTHONY~~ ~~1320 S DIXIE HWY 6TH FL~~ MIAMI FL 33146	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EVELYN DE LA VEGA P.O. BOX 590628 MIAMI, FL 33159	☐ Change ☐ Addition

CR2E(5/97) (9/01)

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 4/1/02 3055699113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #