

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N44359

1. Entity Name

VENEZUELAN AMERICAN CHAMBER OF COMMERCE OF FLORI

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90003 048 ****61.25

Principal Place of Business	Mailing Address
2199 PONCE DE LEON BLVD MEZZANINE CORAL GABLES FL 33134 US	2199 PONCE DE LEON BLVD MEZZANINE CORAL GABLES FL 33172-2136 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1. Suite, Apt. #, etc. 225 City & State Coral Gables Zip 33134 Country US	1200 Anastasia Ave Suite, Apt. #, etc. 225 City & State Coral Gables, FL Zip 33134 Country US

4. FEI Number	Applied For
65-0241079	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
☐	

6. Name and Address of Current Registered Agent

CAMPIS, ANDREINA
1101 BRICKELL AVENUE
SUITE 1102-A
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name
BELLOSO, ISABELIA
Street Address (P.O. Box Number is Not Acceptable)
1200 Anastasia Ave. Suite 225
City
Coral Gables FL Zip Code
33134

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 Isabelia Belloso GENERAL MANAGER 05-03-00
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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DIAZ, JORGE M 1100 BRICKELL AVE - #1100 MIAMI FL 33131 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Carrillo, José Daniel 1200 Anastasia Ave. Suite 225 Coral Gables FL 33134 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOURDES, RODRIGUEZ 11401 S.W. 114 ST. MIAMI FL 33136 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Ernard, Oscar 1200 Anastasia Ave. Suite 225 Coral Gables, FL 33134 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CASAS, RAFAEL 1001 S. BAYSHORE DRIVE, LOBBY MIAMI FL ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Casas, Rafael 1200 Anastasia Ave. Suite 225 Coral Gables, FL 33134 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GMD LANDER, CARLOS 2101 NW 82ND AVE MIAMI FL 33122 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Marín, Carlos 1200 Anastasia Ave. Suite 225 Coral Gables ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VILLAR, GUILLERMO 2199 PONCE DE LEON MIAMI FL ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENTATA, ARIEL 200 S. BISCAYNE BLVD. SUITE 4810 MIAMI FL ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 any other like empowered.

SIGNATURE: Isabelia Belloso REQUIRED 05/03/00 (205) 331-3333
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/99)