

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2001 8:00 am
Secretary of State

02-12-2001 90238 042 ****61.25

0002018

DOCUMENT # N44359

1. Entity Name

VENEZUELAN AMERICAN CHAMBER OF COMMERCE OF FLORI

Principal Place of Business

1200 Anastasia Ave.
2199 PONCE DE LEON BLVD.
MIAMI 225
CORAL GABLES FL 33134
US

Mailing Address

1200 Anastasia Ave.
Suite 225
CORAL GABLES FL 33134
US

2. Principal Place of Business

1200 Anastasia Ave.

Suite, Apt. #, etc.

225

City & State

Coral Gables

Zip

33134

Country

USA

3. Mailing Address

1200 Anastasia Ave.

Suite, Apt. #, etc.

225

City & State

Coral Gables

Zip

33134

Country

USA

4. FEI Number

65-0282287

Applied For

☐ Not Applicable

5. Certificate of Status Desired: ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



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 **ISABELIA BELLOSO**

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 Bellosa L.

02/08/01

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

TITLE **PD** ☒ Delete
 NAME **DIAZ, JORGE M**
 STREET ADDRESS **1100 BRICKELL AVE - #1100**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE **D** ☒ Delete
 NAME **LOURDES, RODRIGUEZ**
 STREET ADDRESS **11401 S.W. 114 ST.**
 CITY-ST-ZIP **MIAMI FL 33136**

TITLE **VPD** ☒ Delete
 NAME **CASAS, RAFAEL**
 STREET ADDRESS **1001 S. BAYSHORE DRIVE, LOBBY**
 CITY-ST-ZIP **MIAMI FL**

TITLE **GMD** ☒ Delete
 NAME **LANDER, CARLOS**
 STREET ADDRESS **2101 NW 82ND AVE**
 CITY-ST-ZIP **MIAMI FL 33122**

TITLE **T** ☒ Delete
 NAME **VILLAR, GUILLERMO**
 STREET ADDRESS **2199 PONCE DE LEON**
 CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☒ Delete
 NAME **BENTATA, ARIEL**
 STREET ADDRESS **200 S. BISCAYNE BLVD. SUITE 4810**
 CITY-ST-ZIP **MIAMI FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **CHAIRMAN** ☐ Change ☒ Addition
 NAME **CARRILLO, JOSE DANIEL**
 STREET ADDRESS **1000 BRICKELL AVE. #1100**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE **PD** ☐ Change ☒ Addition
 NAME **SANABRIA, EDUARDO**
 STREET ADDRESS **P.O. BOX 833329**
 CITY-ST-ZIP **MIAMI FL 33283**

TITLE **VPD (1)** ☐ Change ☒ Addition
 NAME **CASTILLO, Xiomara**
 STREET ADDRESS **7527 West 24 Ave**
 CITY-ST-ZIP **Hialeah, FL 33016**

TITLE **VPD (2)** ☐ Change ☒ Addition
 NAME **TOLEDO, JORGE**
 STREET ADDRESS **PO BOX 960940**
 CITY-ST-ZIP **CORAL GABLES, FL 33296**

TITLE **T** ☐ Change ☒ Addition
 NAME **MARIN, CARLOS**
 STREET ADDRESS **202 ALHAMBRA CIRCLE**
 CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE **S** ☐ Change ☒ Addition
 NAME **RODRIGUEZ, LOURDES**
 STREET ADDRESS **11401 S.W. 114 St**
 CITY-ST-ZIP **MIAMI FL 33136**

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

02/08/01

(505) 444 4336

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)