

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 JUL 30 PM 3: 10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N44359

1. Entity Name

Venezuelan American Chamber of Commerce of Florida, Inc

DO NOT WRITE IN THIS SPACE

500007084335--9

-08/14/02--01003--019

*****61.25 *****61.25

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1200 Anastasia Avenue

3. Mailing Address

1200 Anastasia Avenue

Suite, Apt. #, etc.

Suite 225

Suite, Apt. #, etc.

Suite 225

City & State

Coral Gables, FL

City & State

Coral Gables, FL

4. FEI Number

65-0282287

Applied For

Not Applicable

Zip

33134

Country

Miami-Dade

Zip

33134

Country

Miami-Dade

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name Carlos I. Aguilar

Street Address (P.O. Box Number is Not Acceptable)

701 Brickell Avenue, Suite 1900

City Miami

FL

Zip Code 33131

**DO NOT WRITE
IN THIS SPACE**

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

02/24/2002

DATE

FEE IS \$41.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to:
The Department of State

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

Francisco Gonzalez/P,D
2601 S. Bayshore Drive
Miami, FL 33133

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

Victoria Azpuru/S
220 Alhambra Circle
Coral Gables, FL 33134

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

Jesus Bejarano/T,D
1172 S. Dixie Highway
Coral Gables, FL 33146

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

Carlos I. Aguilar/VP,D
701 Brickell Avenue, Suite 1900
Miami, FL 33131

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

Xiomara Castillo/VP,D
7527 W. 24 Avenue
Hialeah, FL 33016

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/24/2002

305-789-2748

DATE

Daytime Phone #

CR2E037B (12/01)