

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 02, 2003 8:00 am**  
**Secretary of State**

06-02-2003 90187 017 \*\*\*\*61.25

**DOCUMENT # N44359**

1. Entity Name  
**VENEZUELAN AMERICAN CHAMBER OF COMMERCE OF FLORIDA, INC.**



Principal Place of Business

**1200 ANASTASIA AVENUE  
SUITE 225  
CORAL GABLES FL 33134  
US**

Mailing Address

**1200 ANASTASIA AVENUE  
SUITE 225  
CORAL GABLES FL 33134  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0282287**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**AGUILAR, CARLOS I  
701 BRICKELL AVENUE  
SUITE 1900  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**5/26/03**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME GONZALEZ, FRANCISCO ☐ Delete  
STREET ADDRESS 2601 S. BAYSHORE DRIVE  
CITY-ST-ZIP MIAMI FL 33133

TITLE PD  
NAME AZPURA, VICTORIA ☐ Change ☐ Addition  
STREET ADDRESS 220 ALHAMBRA CIRCLE  
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE S  
NAME AZPURA, VICTORIA ☐ Delete  
STREET ADDRESS 220 ALHAMBRA CIRCLE  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE S  
NAME VILLEGAS, ALBERTO ☐ Change ☒ Addition  
STREET ADDRESS 8555 S.W. 29th  
CITY-ST-ZIP MIAMI, FL 33122

TITLE TD  
NAME BEJARANO, JESUS ☐ Delete  
STREET ADDRESS 1172 S. DIXIE HWY.  
CITY-ST-ZIP CORAL GABLES FL 33146

TITLE TD  
NAME BEJARANO, JESUS ☐ Change ☐ Addition  
STREET ADDRESS 1172 S. DIXIE HWY  
CITY-ST-ZIP CORAL GABLES, FL 33146

TITLE VD  
NAME AGUILAR, CARLOS ☐ Delete  
STREET ADDRESS 701 BRICKELL AVENUE, STE. 1900  
CITY-ST-ZIP MIAMI FL 33131

TITLE VD  
NAME VICENTINI, JOSE LUIS ☐ Change ☒ Addition  
STREET ADDRESS 5300 N.W. 32nd AVE., SUITE 119  
CITY-ST-ZIP FT. LAUDERDALE, FL 33309

TITLE VD  
NAME CASTILLO, XIOMARA ☐ Delete  
STREET ADDRESS 7527 W. 24 AVENUE  
CITY-ST-ZIP HIALEAH FL 33016

TITLE VD  
NAME AGUILAR, CARLOS ☐ Change ☐ Addition  
STREET ADDRESS 701 BRICKELL AVE, SUITE 1900  
CITY-ST-ZIP MIAMI, FL 33131

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**

**05/22/2003 305-4444336**

CR2E037 (10/02)