

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90032 047 ****61.25

DOCUMENT # N96000001519

1. Entity Name

CENTRO CULTURAL ESPANOL DE COOPERACION IBEROAMER

Principal Place of Business

Mailing Address

**800 DOUGLAS ROAD
 SUITE 170
 MIAMI FL 33134**

**800 DOUGLAS ROAD
 SUITE 170
 MIAMI FL 33134**

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

65-0718459

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

7. Name and Address of New Registered Agent

**RJV CORPORATE SERVICES, INC
 C/O STEEL, HECTOR & DAVIS, INC
 200 SOUTH BISCAYNE BLVD SUITE 4000
 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.

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	DP	<input type="checkbox"/> Delete
NAME	VALLUARE, JAVIER	
STREET ADDRESS	800 DOUGLAS ROAD #170	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE	DT	<input type="checkbox"/> Delete
NAME	LINARES, JULIAN	
STREET ADDRESS	800 DOUGLAS ROAD #170	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	VALDES-FAULI, RAUL J	
STREET ADDRESS	800 DOUGLAS ROAD #170	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MUNOZ, SANTIAGO	
STREET ADDRESS	800 DOUGLAS RD, 170	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALLAURE, JAVIER	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BASSO, GUILLERMO	
STREET ADDRESS	800 DOUGLAS RD. #170	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 OF GUILLERMO BASSO

03/21/01

205-4489677

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)