

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**

05-19-2000 90085 027 \*\*\*\*61.25

**DOCUMENT # N97000005437**

1. Entity Name

**PERUVIAN-AMERICAN COALITION FOUNDATION, INC.**

Principal Place of Business

Mailing Address

**8347 SW 40TH STREET  
 MIAMI FL 33155**

**8347 SW 40TH STREET  
 MIAMI FL 33155-3352**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0784021**

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

**ROSEBROUGH, GLORIA  
 1835 SW 102ND COURT  
 MIAMI FL 33165**

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  Delete  
 NAME **PD NOYA, LUIS**  
 STREET ADDRESS **525 MENENDEZ AVENUE**  
 CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **SD ROSEBROUGH, GLORIA**  
 STREET ADDRESS **1835 SW 102ND COURT**  
 CITY-ST-ZIP **MIAMI FL 33165**

TITLE  Change  Addition  
 NAME **GLORIA ROSEBROUGH**  
 STREET ADDRESS **1835 SW 102 CT**  
 CITY-ST-ZIP **MIAMI, FL 33165**

TITLE  Delete  
 NAME **TD SEGA-THALHEIMER, MARICARMEN**  
 STREET ADDRESS **18004 NW 60TH PLACE**  
 CITY-ST-ZIP **MIAMI FL 33015**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME **SD FLOR MARSA**  
 STREET ADDRESS **13703 SW 109 PL**  
 CITY-ST-ZIP **MIAMI, FL 33176**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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:

*[Handwritten Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-00

(305) 220-3420

Date

Daytime Phone #

CR2E037 (9/99)