

2000 UNIFORM BUSINESS REPORT (UBR)

0036564

DOCUMENT # N99000000944

FILED

1. Entity Name

00 NOV 17 AM 11:52

UNIVERSIDAD QUETZALCOATL EN IRAPUATO (U.Q.I.), I

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

P.O. BOX 430275
MIAMI FL 33243

P.O. BOX 430275
MIAMI FL 33243-0275

05/19/00 90099 032 \$158.75

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

Applied For

Not Applicable

65-105 3765

5. Certificate of Status Desired

\$8.75 Additional Fee Required

REINSTATEMENT 2000
DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

YEAGER, JOHN F
300 SEVILLA AVE.
SUITE 215
CORAL GABLES FL 33134-6623

Name

Javier Goicochea

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

233 Velarde Ave

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



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

(NOTE: Registered Agent signature required when reinstating)

DATE

11/15/00

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 GASCA, AGUSTIN**
STREET ADDRESS **P.O. BOX 430275**
CITY-ST-ZIP **MIAMI FL 33243**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **VD MARTINEZ, HECTOR**
STREET ADDRESS **P.O. BOX 430275**
CITY-ST-ZIP **MIAMI FL 33243**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **S ESPANA, SILVIA**
STREET ADDRESS **P.O. BOX 430275**
CITY-ST-ZIP **MIAMI FL 33243**

TITLE Change Addition
NAME **S Mr. Ernesto Kruger**
STREET ADDRESS **P.O. Box 430275**
CITY-ST-ZIP

TITLE Delete
NAME **T GASCA, GUILLERMO**
STREET ADDRESS **P.O. BOX 430275**
CITY-ST-ZIP **MIAMI FL 33243**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D GOICOCHEA, JAVIER**
STREET ADDRESS **P.O. BOX 430275**
CITY-ST-ZIP **MIAMI FL 33243**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D THOMPSON, MARGARET**
STREET ADDRESS **P.O. BOX 430275**
CITY-ST-ZIP **MIAMI FL 33243**

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:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AGUSTIN Gasca Date **11/10/00** Daytime Phone **(305) 466-6772**

CR2E037 (9/99)