

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90023 046 ****61.25

DOCUMENT # N99000004482

1. Entity Name

AMERICAN PERUVIAN ACTION COMMITTEE, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

6080 SW 16TH TERR.
 MIAMI FL 33165

6080 SW 16TH TERR.
 MIAMI FL 33165

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

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

MACEDO, CARLOS
9745 SW 56TH STREET
MIAMI FL

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
After September 13, 2000 min. will be \$236.25

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 BLOSS, CESAR E**
 STREET ADDRESS **6080 SW 16 TERR.**
 CITY-ST-ZIP **MIAMI FL 33155**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VPD KOMT, CHARLES W**
 STREET ADDRESS **3513 SW 65 AVE.**
 CITY-ST-ZIP **MIAMI FL 33155**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD CHAVEZ, JUDITH R**
 STREET ADDRESS **927 HARDEE ROAD**
 CITY-ST-ZIP **CORAL GABLES FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TD BLOSS, ZULMA**
 STREET ADDRESS **1050 ALFONSO AVE.**
 CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD NAHINCCOPA, MAXIMO**
 STREET ADDRESS **6080 SW 16TH TERR.**
 CITY-ST-ZIP **MIAMI FL 33165**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD YON, MAXIMO**
 STREET ADDRESS **234 SW 19 ROAD**
 CITY-ST-ZIP **MIAMI FL-33155**

TITLE Change Addition
 NAME **SD ALAN GONZALEZ.**
 STREET ADDRESS **PO BOX 960716**
 CITY-ST-ZIP **MIAMI, FL. 33196**

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

Signature of Carlos Macedo
Carlos Macedo

Date and Phone
 Date **9/08/00 (200)** Daytime Phone # **262-4579**

CFR2E037 (5/00)