# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jan 13, 2001 8:00 am**
**Secretary of State**
01-13-2001 90036 001 *****8.75
01-13-2001 90036 002 ****61.25

DOCUMENT # N99000005837

1. Entity Name

ASSOCIATION INTERNATIONALE DE SOLIDARITE, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| ~~770 SOUTHWEST 9TH STREET, STE 4~~<br>~~MIAMI FL 33130~~ | P.O. BOX 013482<br>MIAMI FL 33101 |

21681

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 1020 S.W. 10 AVENUE | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: MIAMI, FLORIDA | City & State |
| Zip: 33130 Country | Zip Country |

4. FEI Number 65-0912855 ☐ Applied For ☐ Not Applicable

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 |
|---|---|
| CHEHADE, PAUL<br>~~770 SOUTHWEST 9TH STREET, STE 4~~<br>~~MIAMI FL 33130~~ | Name CHEHADE, PAUL<br>Street Address (P.O. Box Number is Not Acceptable)<br>1020 S.W. 10 AVENUE<br>City MIAMI FL Zip Code 33130 |

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 Paul Chehade PAUL CHEHADE 01-02-2001

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 / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>CHEHADE, PAUL<br>~~770 SOUTHWEST 9 ST., SUITE 4~~<br>~~MIAMI FL 33130~~ | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DIRECTOR - PRESIDENT<br>CHEHADE, PAUL<br>1020 SW 10 AVENUE<br>MIAMI, FL. 33130 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>CHEHADE, R. ALFONSO<br>~~770 SOUTHWEST 9 ST., SUITE 4~~<br>~~MIAMI FL 33130~~ | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DIRECTOR<br>CHEHADE, R. ALFONSO<br>1020 SW 10 AVENUE<br>MIAMI, FL. 33130 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>CHEHADE, SONIA<br>~~770 SOUTHWEST 9 ST., SUITE 4~~<br>~~MIAMI FL 33130~~ | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DIRECTOR<br>CHEHADE, SONIA<br>1020 SW 10 AVENUE<br>MIAMI, FL. 33130 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DIRECTOR<br>SIGNORELLI, FABRIZIO<br>1020 SW 10 AVENUE<br>MIAMI, FL. 33130 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (10/00)

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: Paul Chehade PAUL CHEHADE 01-02-2001 (305)8548401

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #