

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2000 8:00 am
Secretary of State
 05-17-2000 91036 001 ***450.00

DOCUMENT # P97000100843
 1. Entity Name
N.A.F.A., NATIONAL ASSOCIATION FOR FOREIGN ATTOR

Principal Place of Business 11890 SW 8TH STREET PENTHOUSE IV MIAMI FL 33184 US	Mailing Address 10008 WEST FLAGLER STREET SUITE 8-126 MIAMI FL 33174-1828
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 11890 S.W. 8 St. Suite, Apt. #, etc. 500	3. Mailing Address Same as above Suite, Apt. #, etc.
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City & State Miami, Florida	City & State	4. FEI Number 65-0666509	Applied For <input type="checkbox"/> Not Applicable
Zip 33184	Country DADE	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
**PACHECKER, HUMPHREY
 10890 S.W. 8TH STREET, SUITE 100
 MIAMI FL 33184**

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARRERA, MANUEL 126 VIRGINIA ROAD HOLLYWOOD FL 33034 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PACHECO, ENGELBERT 13907 S.W. 66TH STREET MIAMI FL 33183 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN WAINE, CHRISTOPHER 11890 S.W. 8TH STREET, PH MIAMI FL 33184 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESCOTO, FEDERICO D 9630 S.W. 45TH STREET MIAMI FL 33145 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS PACHECKER, HUMPHREY H 11890 S.W. 8TH STREET, PENTHOUSE MIAMI FL 33184 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT BARRERA, TERESITA SILVA 11890 S.W. 8TH STREET MIAMI FL 33184 <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **4-26-00**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)