

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000002627

1. Entity Name

UNITED TOWNS AGENCY FOR NORTH-SOUTH COOPERATION. ✓

Principal Place of Business

9130 S.W. 134TH PLACE  
MIAMI FL 33186

Mailing Address

9130 S.W. 134TH PLACE  
MIAMI FL 33186

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SOTO, OSVALDO N  
2151 LEJEUNE ROAD  
SUITE 310  
CORAL GABLES FL 33134

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

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

TITLE PD ☐ Delete  
NAME GARCIA-TOLEDO, LUISA M  
STREET ADDRESS 9130 S.W. 134TH PLACE  
CITY-ST-ZIP MIAMI FL 33186

TITLE VD ☐ Delete  
NAME PUIG, MERY  
STREET ADDRESS 2847 SW 37 CT  
CITY-ST-ZIP MIAMI FL 33186

TITLE SD ☐ Delete  
NAME DE LA CRUZ, LALY  
STREET ADDRESS 11650 S.W. 25TH STREET  
CITY-ST-ZIP DAVIE FL 33325

TITLE TD ☐ Delete  
NAME ORTEGA, BLANCA  
STREET ADDRESS 5701 S.W. 2ND TERRACE  
CITY-ST-ZIP MIAMI FL 33144

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-10-2000 305-385-0333

Date

Daytime Phone #

CR2E037 (5/00)

FILED  
Aug 02, 2000 8:00 am  
Secretary of State

08-02-2000 90153 047 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE