

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 745429

1. Entity Name

INSTITUTE FOR INTERAMERICAN ECONOMIC AND POLITIC

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

09-18-2000 90043 004 ****61.25

Principal Place of Business

P.O. BOX 2
MIAMI FL 33135

Mailing Address

P O BOX 2
JOSE MARTI STATION
MIAMI FL 33135-0002
US

2. Principal Place of Business

P.O. Box 2

3. Mailing Address

Suite, Apt. #, etc.

JOSE MARTI STATION

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

4. FEI Number

59-2195008

Applied For

Not Applicable

Zip
33135-0002

Country
USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ARMESTO, ELADIO
250 SW 34 AVE
MIAMI FL 33135

7. Name and Address of New Registered Agent

Name

MIRIAM GONZALEZ

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

250 SW 34 AVE

City

MIAMI

FL

Zip Code

33135

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 ARMESTO, ELADIO J
STREET ADDRESS 250 SW 34 AVE
CITY-ST-ZIP MIAMI FL

TITLE SD ☐ Delete
NAME MURPHY, HELEN
STREET ADDRESS 250 SW 34 AVE
CITY-ST-ZIP MIAMI FL

TITLE D ☒ Delete
NAME SERAFIN, DEBESA
STREET ADDRESS 7351 SW 110 CIR. PLACE
CITY-ST-ZIP MIAMI FL

TITLE D ☐ Delete
NAME DIAZ, JORGE
STREET ADDRESS 250 SW 34 AVE
CITY-ST-ZIP MIAMI FL

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 DIRECTOR ☐ Change ☒ Addition
NAME JUAN ERNESTO CANCHON
STREET ADDRESS 1813 SW 11 STREET
CITY-ST-ZIP MIAMI, FL 33135

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

TITLE DIRECTOR ☐ Change ☒ Addition
NAME MARBER I. GONZALEZ
STREET ADDRESS 250 SW 34 AVE
CITY-ST-ZIP MIAMI, FLORIDA

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)