

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000005389

1. Entity Name

MINISTERIO INTERNACIONAL DE AYUDA A LAS NACIONES

Principal Place of Business

8500 SW 8TH ST., STE. 218
MIAMI FL 33144

Mailing Address

8500 SW 8TH ST., STE. 218
MIAMI FL 33144

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

31-1757182

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VAZQUEZ, MARTHA V
8500 SW 8TH ST., STE. 218
MIAMI FL 33144

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 12, 2001, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PT
CORADO, DIEGO G
8500 SW 8TH ST., STE. 218
MIAMI FL 33144 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE PRES.
CORADO, DIEGO G. ☒ Change ☐ Addition
"D"

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VS
VAZQUEZ, MARTHA V
8500 SW 8TH ST., STE. 218
MIAMI FL 33144 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
VAZQUEZ, MARTHA ☒ Change ☐ Addition
"D"

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TREASURER
ALVAREZ, EDWARD
8500 SW 8TH ST #218
MIAMI, FL 33144 ☐ Change ☒ Addition
"D"

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SECRETARY
RODRIGUEZ, GERMAN L.
8500 SW 8TH ST #218
MIAMI, FL 33144 ☐ 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
SP

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 #

05-15-2001 90113 027 ***61.25
FILED N00000005389
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
01 AUG -6 PM 4:46



DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)