

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 745429**

1. Entity Name

INSTITUTE FOR INTERAMERICAN ECONOMIC AND POLITICAL COOPERATION, INC.

Principal Place of Business

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

Mailing Address

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

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

59-2195008

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

**GONZALEZ, MIRIAM
250 SW 34TH AVENUE
MIAMI FL 33135**

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 \$61.259. 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	PD	☐ Delete
NAME	ARMESTO, ELADIO J	
STREET ADDRESS	250 SW 34 AVE	
CITY-ST-ZIP	MIAMI FL	

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

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

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

TITLE	D	☐ Delete
NAME	SERAFIN, DEBESA	
STREET ADDRESS	7351 SW 119 CIR. PLACE	
CITY-ST-ZIP	MIAMI FL	

TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	9429 SW 154 PL	
CITY-ST-ZIP	MIAMI, FL 33161	

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

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

TITLE	D	☐ Delete
NAME	DOMINGUEZ, MARIA L	
STREET ADDRESS	250 SW 34 AVE.	
CITY-ST-ZIP	MIAMI FL	

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

TITLE	D	☐ Delete
NAME	GONZALEZ, MIRIAM	
STREET ADDRESS	250 SW 34 AVE.	
CITY-ST-ZIP	MIAMI FL	

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:

HELEN MURPHY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 01, 2002 8:00 am
Secretary of State

02-01-2002 90062 040 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)