

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 764889

1. Entity Name

INSTITUTO EDISON ALUMNI ASSOCIATION, INC.

Principal Place of Business

Mailing Address

PO BOX 520883  
MIAMI FL 33152

PO BOX 520883  
MIAMI FL 33152

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

59-2231983

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

GUTIERREZ, ARMANDO  
12832 SW 62 LANE  
MIAMI FL 33183

Name **REINALDO FERNANDEZ**

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

2360 SW 126 AVE.

City

MIAMI

FL

Zip Code  
33175

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

Make Check Payable to  
Department of State

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** ☒ Delete  
NAME **GUTIERREZ, ARMANDO**  
STREET ADDRESS **12832 SW 62 LANE**  
CITY-ST-ZIP **MIAMI FL 33183**

TITLE **PRES** ☐ Change ☒ Addition  
NAME **SANCHEZ, CARMEN D**  
STREET ADDRESS **801 SW 141 AVE, APT. 410**  
CITY-ST-ZIP **PEMBROKE PINES, FL. 33027**

TITLE **VPD** ☒ Delete  
NAME **BULLA, ENRIQUE ALVAREZ**  
STREET ADDRESS **8877 COLLINS AVE., #1107**  
CITY-ST-ZIP **SURFSIDE FL 33154**

TITLE **TREAS** ☐ Change ☒ Addition  
NAME **FERNANDEZ, REINALDO**  
STREET ADDRESS **2360 SW 126 AVE.**  
CITY-ST-ZIP **MIAMI, FL. 33175**

TITLE **PD** ☒ Delete  
NAME **CARNEIRO, AMALIO**  
STREET ADDRESS **9504 SW 125 TERR**  
CITY-ST-ZIP **MIAMI FL 33178**

TITLE **VICE-PRES/DIR.** ☐ Change ☒ Addition  
NAME **CARNEIRO, AMALIO**  
STREET ADDRESS **10760 SW 60 ST.**  
CITY-ST-ZIP **MIAMI, FL. 33176**

TITLE **VPO** ☒ Delete  
NAME **SALAMACA, OMAR**  
STREET ADDRESS **14271 SW 38 ST.**  
CITY-ST-ZIP **MIAMI FL 33175**

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

TITLE **S** ☒ Delete  
NAME **MCNELLEY, DAISY**  
STREET ADDRESS **13440 SW 108 ST. CIRCLE N.**  
CITY-ST-ZIP **MIAMI FL 33186**

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

TITLE ☐ Delete  
NAME  
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

Date

Daytime Phone #

FILED  
Jul 16, 2002 8:00 am  
Secretary of State

05-27-2002 90456 035 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)