

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90013 033 ****61.25

DOCUMENT # 720048
 1. Entity Name
ASOCIACION INTERAMERICANA DE HOMBRES DE EMPRESA

Principal Place of Business Mailing Address
250 CATALONIA AVE. #402 **250 CATALONIA AVE. #402**
CORAL GABLES FL 33134 **CORAL GABLES FL 33134**

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 Applied For
23-7182245 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
FERRER, ELISEO J.
250 CATALONIA AVE
S402
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 *E. Ferrer* **Eliseo J. Ferrer** 3/16/01
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

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	P	<input type="checkbox"/> Delete
NAME	LOPEZ, ANA M	
STREET ADDRESS	3205 VILLAGE GREEN DR	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	V	<input type="checkbox"/> Delete
NAME	SASTRE, MARTHA M	
STREET ADDRESS	1214 COLUMBUS BLVD	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	T	<input type="checkbox"/> Delete
NAME	LOPEZ, LAZARO	
STREET ADDRESS	9461 SW 53 ST	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	S	<input type="checkbox"/> Delete
NAME	KRAMER, LYDIA	
STREET ADDRESS	9587 SW 6TH LANE	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOPEZ DE MENDOZA, VICTOR	
STREET ADDRESS	105 SW 1ST ST	
CITY-ST-ZIP	MIAMI FL 33184	
TITLE	D	<input type="checkbox"/> Delete
NAME	ARBOLEYA, CARLOS	
STREET ADDRESS	1941 SW 23RD ST	
CITY-ST-ZIP	MIAMI FL 33145	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sastre, Marta M.	
STREET ADDRESS	1214 Columbus Boulevard	
CITY-ST-ZIP	Coral Gables, Fl 33134	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Caula, Antonio Jr.	
STREET ADDRESS	19139 N.W. 23th Court	
CITY-ST-ZIP	Pembroke Pine, Fl 33029	
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lopez, Lazaro	
STREET ADDRESS	9461 S.W. 53 St.	
CITY-ST-ZIP	Miami, Fl 33165	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gonzalez, Daysi E.	
STREET ADDRESS	1819 S.W. 123 Court	
CITY-ST-ZIP	Miami, Fl 33175	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lopez de Mendoza, Victor	
STREET ADDRESS	105 S.W. 127 Ave.	
CITY-ST-ZIP	Miami, Fl 33184	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kramer, Lydia	
STREET ADDRESS	9587 S.W. 6th Lane	
CITY-ST-ZIP	Miami, Fl 33174	

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: *Lazaro Lopez* **Lazaro Lopez - Treasurer** **(305) 442-8038**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 March 16, 2001

CR2E037 (10/00)