

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90057 015 ****61.25

DOCUMENT # 720048

1. Entity Name

**ASOCIACION INTERAMERICANA DE HOMBRES DE EMPRESA
(MIAMI), INC.**

Principal Place of Business

Mailing Address

250 CATALONIA AVE. #402
CORAL GABLES FL 33134

250 CATALONIA AVE. #402
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

23-7182245

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

FERRER, ELISEO J.
250 CATALONIA AVE
S402
CORAL GABLES FL 33134

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

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 **P** ☒ Delete
NAME **SASTRE, MARTA M**
STREET ADDRESS **1214 COLUMBUS BLVD**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **P** ☒ Change ☐ Addition
NAME **CAULA, ANTONIO V.**
STREET ADDRESS **19139 N.W. 23 Ct.**
CITY-ST-ZIP **Pembroke Pines, FL 33029**

TITLE **V** ☒ Delete
NAME **CAULA, ANTONIO JR**
STREET ADDRESS **19139 NW 23TH COURT**
CITY-ST-ZIP **PEMBROKE PINES FL 33029**

TITLE **V** ☒ Change ☐ Addition
NAME **GONZALEZ, DAYSI E.**
STREET ADDRESS **1819 S.W. 123 Court.**
CITY-ST-ZIP **Miami, FL 33175**

TITLE **T** ☒ Delete
NAME **LOPEZ, LAZARO**
STREET ADDRESS **9461 SW 53 ST**
CITY-ST-ZIP **MIAMI FL 33165**

TITLE **T** ☒ Change ☐ Addition
NAME **LOPEZ-DE-MENDOZA, VICTOR**
STREET ADDRESS **105 S.W. 127 Avenue**
CITY-ST-ZIP **Miami, FL 33184**

TITLE **S** ☒ Delete
NAME **GONZALEZ, DAYSI E**
STREET ADDRESS **1819 SW 123RD COURT**
CITY-ST-ZIP **MIAMI FL 33175**

TITLE **S** ☒ Change ☐ Addition
NAME **AMARO, NORMA**
STREET ADDRESS **9929 S.W. 117 Court**
CITY-ST-ZIP **Miami, FL 33186**

TITLE **D** ☒ Delete
NAME **LOPEZ DE MENDOZA, VICTOR**
STREET ADDRESS **105 SW 127TH AVENUE**
CITY-ST-ZIP **MIAMI FL 33184**

TITLE **D** ☒ Change ☐ Addition
NAME **KRAMER, LYDIA**
STREET ADDRESS **9587 S.W. 6 Lane**
CITY-ST-ZIP **Miami, FL 33174**

TITLE **D** ☒ Delete
NAME **KRAMER, LYDIA**
STREET ADDRESS **9587 SW 6TH LANE**
CITY-ST-ZIP **MIAMI FL 33174**

TITLE **D** ☒ Change ☐ Addition
NAME **FERNANDEZ, FRANK R.**
STREET ADDRESS **9260 S.W. 11 St.**
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:

ANTONIO V. CAULA 4/8/02 305-442-8038

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)