

2002 UNIFORM BUSINESS REPORT (UBR)

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

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

002 - 2

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



DO NOT WRITE IN THIS SPACE

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

E Ferrer

ELISEO J. FERRER

4/8/02

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	<input checked="" type="checkbox"/> Delete
NAME	SASTRE, MARTA M	
STREET ADDRESS	1214 COLUMBUS BLVD	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	CAULA, ANTONIO JR	
STREET ADDRESS	19139 NW 23TH COURT	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	LOPEZ, LAZARO	
STREET ADDRESS	9461 SW 53 ST	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	GONZALEZ, DAYSI E	
STREET ADDRESS	1819 SW 123RD COURT	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LOPEZ DE MENDOZA, VICTOR	
STREET ADDRESS	105 SW 127TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33184	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KRAMER, LYDIA	
STREET ADDRESS	9587 SW 6TH LANE	
CITY-ST-ZIP	MIAMI FL 33174	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAULA, ANTONIO V.	
STREET ADDRESS	19139 N.W. 23 Ct.	
CITY-ST-ZIP	Pembroke Pines, Fl 33029	
TITLE	V	<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	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ-DE-MENDOZA, VICTOR	
STREET ADDRESS	105 S.W. 127 Avenue.	
CITY-ST-ZIP	Miami, Fl 33184	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMARO, NORMA	
STREET ADDRESS	9929 S.W. 117 Court	
CITY-ST-ZIP	Miami, Fl 33186	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAMER, LYDIA	
STREET ADDRESS	9587 S.W. 6 Lane	
CITY-ST-ZIP	Miami, Fl 33174	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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
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)