2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

DOCUMENT # 720048

1. Entity Name



Mar 31, 2003 8:00 am Secretary of State 03-31-2003 90182 017 ****61.25

FILED

ASOCIACION (MIAMI), INC.	INTERAMERICANA	DE HOMBRES	DE EMPRESA
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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. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 23-7182245 Applied For Not Applicable Zip Country Zin Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FERRER, ELISEO J. Street Address (P.O. Box Number is Not Acceptable) 250 CATALONIA AVE S402 **CORAL GABLES FL 33134** City 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. I am familiar with, and accept the obligations of registered agents ELISEO J. TERRER SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61,25 **\$5.00** May Be Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE **☒** Delete TITLE **P**.: ☐ Addition NAME Caula. Antonio v NAME GONZALEZ, DAYSI E. STREET ADDRESS 19139 N.W. 23 C5 STREET ADDRESS 1819 S.W. 123 Court CITY-ST-7IP PEMBROKE PINES FL 33029 CITY-ST-7IP Miami, Fl 33175 TITLE Delete TITLE Change **Addition** GONZALEZ, DAYSI E NAME NAME TREJO, DELIO STREET ADDRESS 1819 S.W. 123 COURT STREET ADDRESS 5240 S.W. 89 Place CITY-ST-7IP CITY-ST-ZIP MIAMI FL 33175 <u> Miami, Fl 33165</u> TITLE Delete Change 🔀 Addition LOPEZ- DE MENDOZA, VICTOR NAME NAME TEJERA, JUAN STREET ADDRESS 105 S.W. 127 AVENUE 13525 S.W. 23 St. STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33184** CITY-\$T-ZIP Miami, Fl 33175 TITLE Delete TITLE ☐ Change **X** Addition AMARO, NORMA NAME NAME ARMAS, MARTA STREET ADDRESS 9929 S.W. 117 COURT STREET ADDRESS 1642 S.W. 138 Court CITY-ST-ZIP **MIAMI FL 33186** CITY-ST-ZIP Miami, Fl 33175 Delete TITLE ☐ Change ★ Addition KRAMER, LYDIA NAME LOPEZ, LAZARO NAME STREET ADDRESS 9587 S.W. 6 LANE STREET ADDRESS 9461 S.W. 53 St. CITY-ST-ZIP MIAM! FL 33174 CITY-ST-ZIP Miami, Fl 33165 TITLE Delete TITLE ☐ Change Addition FERNANDEZ, FRANK R NAME REYNARDUS, JORGE STREET ADDRESS 9260 S.W. 11 ST STREET ADDRESS 9321 S.W. 153 Place CITY-ST-7IP **MIAMI FL 33174** CITY-ST-ZIP

<u>Miami, Fl</u> <u> 33185</u> 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 of 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 of 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: