

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 729336

1. Entity Name

LATIN-AMERICAN CLUB OF THE TREASURE COAST, INC.

Principal Place of Business

Mailing Address

2013 SW TRENTON LANE  
P.O. BOX 9111  
PORT SAINT LUCIE FL 34985  
US

P. O. BOX 9111  
PT. ST. LUCIE FL 34985-9111  
US

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

59-1602648

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

GUAYANA, OMAR  
2370 S.W. ARCHER RD  
#70  
GAINESVILLE FL 32608

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	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	DV	GUILLERMO, ROJAS	5220 STERLING CIR STUART FL	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	DS	VELASQUEZ, RAFAEL	22030 20TH AVE S.E., STE 102 BOTHEPO WA 98021	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	PD	GUAYANA, OMAR	2370 SW ARCHER RD, #70 GAINESVILLE FL 32608	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	DT	GEORGE GUAYANA	2013 SW TRENTON LANE PT. ST. LUCIE FL 34985	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10 FEB 00 (352) 338 1137

Date

Daytime Phone #

FILED  
Feb 17, 2000 8:00 am  
Secretary of State

02-17-2000 90027 001 \*\*\*\*\*5.00  
02-17-2000 90027 002 \*\*\*\*\*8.75  
02-17-2000 90027 003 \*\*\*\*\*61.25



DO NOT WRITE IN THIS SPACE