

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 02, 2001 8:00 am
Secretary of State

DOCUMENT # 729336

1. Entity Name

LATIN-AMERICAN CLUB OF THE TREASURE COAST, INC.

02-02-2001 90135 001 ****61.25
02-02-2001 90135 002 *****8.75
02-02-2001 90135 003 *****5.00

24425



DO NOT WRITE IN THIS SPACE

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1602648

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GUAYANA, OMAR

Street Address (P.O. Box Number is Not Acceptable)

4440 SW ARCHER RD. #701

City

GAINESVILLE

FL

Zip Code

32608

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

25 JAN 01

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VELASQUEZ, RAFAEL	
STREET ADDRESS	22030 20TH AVE SE STE 102	
CITY-ST-ZIP	BOTHELL, WA 98021	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUAYANA, OMAR	
STREET ADDRESS	4440 SW ARCHER RD. #701	
CITY-ST-ZIP	GAINESVILLE, FL 32608	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

25 JAN 01 (352) 374 3654
Date Daytime Phone #

CR2E037 (10/00)