

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 740635

1. Entity Name

LATIN AMERICAN CHAMBER OF COMMERCE OF THE LOWER

FILED

Mar 08, 2000 8:00 am  
Secretary of State

03-08-2000 90068 027 \*\*\*\*75.00

Principal Place of Business

Mailing Address

P O BOX 629  
7-F PORTER PLACE  
KEY WEST FL 33040  
US

P O BOX 629  
305 WHITE ST  
KEY WEST FL 33040-6953  
US

2. Principal Place of Business

3. Mailing Address

P.O. BOX 629

Suite, Apt. #, etc.

Suite, Apt. #, etc.

WHITE ST

305 WHITE ST APT 7-F

APT 7-F APT 305

City & State

City & State

KEY WEST, FL

Zip

Country

Zip

Country

33040 6953 MONROE

33040-6953 MONROE

6. Name and Address of Current Registered Agent

4. FEI Number

65-0056541

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

ESPINOLA, ARTURO  
7-F PORTER PL  
KEY WEST FL 33040

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

Arturo Espinola Carran

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

TITLE	VD	<input type="checkbox"/> Delete
NAME	CALLEJA, OMAR J	
STREET ADDRESS	45 RIVIERA DR	
CITY-ST-ZIP	KEY WEST FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ESPINOLA, ARTURO	
STREET ADDRESS	7-F PORTER PLACE	
CITY-ST-ZIP	KEY WEST FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CRUSOE, EDWIN E.	
STREET ADDRESS	N.E. FRONT & DUVAL STS.	
CITY-ST-ZIP	KEY WEST FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PINDER, JAMES B	
STREET ADDRESS	612 OLIVA STREET	
CITY-ST-ZIP	KEY WEST FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	ESPINOLA, ARTURO	
STREET ADDRESS	305-7 F. PORTER PLACE	
CITY-ST-ZIP	KEY WEST FL 33041	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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	
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-6-2000-305-294658

CR2E037 (9/99)