

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90445 011 ****75.00

DOCUMENT # 740635

1. Entity Name

LATIN AMERICAN CHAMBER OF COMMERCE OF THE LOWER KEYS, INC.

Principal Place of Business

Mailing Address

**305 WHITE ST
 APT 7-F
 KEY WEST FL 33040-6955
 US**

**P O BOX 629
 305 WHITE ST APT 7-F
 KEY WEST FL 33040-6953
 US**

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0056541

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

**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 Arnau

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

(NOTE: Registered Agent signature must be in ink)

4-2-02

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. ANY CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VD
 CALLEJA, OMAR J
 45 RIVIERA DR
 KEY WEST FL**

☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**Dr. David T. Russo
 No. 13 McCoy Circle
 Key West, FL 33040**

☒ Change

☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**TD
 ESPINOLA, ARTURO
 7-F PORTER PLACE
 KEY WEST FL**

☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**Albert Kee
 308-Virginia St.
 Key West FL 33040**

☒ Change

☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 CRUSOE, EDWIN E.
 N.E. FRONT & DUVAL STS.
 KEY WEST FL**

☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**Dr. William McKinzie
 925 Whitehead St.
 Key West, FL 33040**

☒ Change

☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 PINDER, JAMES B
 612 OLIVA STREET
 KEY WEST FL**

☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**Mr. Richard Deihl
 10 Riviera Dr. Big Coppitt Key
 Key West, FL 33040**

☒ Change

☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**P
 ESPINOLA, ARTURO
 305-7 F. PORTER PLACE
 KEY WEST FL 33041**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change

☐ 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 REQUIRED

Arturo Espinola Arnau

CR2E037 (9/01)