

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

9/8/2003-90142-009-\$61.25-\$61.25

001/154

DOCUMENT # 745429

1. Entity Name

INSTITUTE FOR INTERAMERICAN ECONOMIC AND POLITICAL COOPERATION, INC.



FILED

03 SEP 24 PM 4:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

P.O. BOX 2
JOSE MARTI STATION
MIAMI FL 33135

Mailing Address

P O BOX 2
JOSE MARTI STATION
MIAMI FL 33135-0002
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 59-2195008

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~GONZALEZ MIRIAM~~ SARA P. ESPINOZA
250 SW 34TH AVENUE
MIAMI FL 33135

7. Name and Address of New Registered Agent

Name SARA P. ESPINOZA
Street Address (P.O. Box Number is Not Acceptable)
250 SW 34 AVE.
City MIAMI FL Zip Code 33135

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 agent.

SIGNATURE

Sara P. Espinoza, DIRECTOR & REGISTERED AGENT

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
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	ARMESTO, ELADIO J	
STREET ADDRESS	250 SW 34 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MURPHY, HELEN	
STREET ADDRESS	250 SW 34 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SERAFIN, DEBESA	
STREET ADDRESS	9429 SW 154 PLACE	
CITY-ST-ZIP	MIAMI FL 33161	
TITLE	D	<input type="checkbox"/> Delete
NAME	DIAZ, JORGE	
STREET ADDRESS	250 SW 34 AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DOMINGUEZ, MARIA L	
STREET ADDRESS	250 SW 34 AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GONZALEZ MIRIAM	
STREET ADDRESS	250 SW 34 AVE.	
CITY-ST-ZIP	MIAMI FL	

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 checked="" type="checkbox"/> Addition
NAME	SARA P. ESPINOZA
STREET ADDRESS	250 SW 34 AVE
CITY-ST-ZIP	MIAMI, FL 33135

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:

SARA P. ESPINOZA REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-01-03

Date

305/530-8787

Daytime Phone #

CR2E037 (4/03)