2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 20, 2000 8:00 am
Secretary of State
06-20-2000 90005 005 ****61.25

DO NOT WRITE IN THIS SPACE

DOCUMENT # 752927

1. Entity Name

SPAIN - U.S. CHAMBER OF COMMERCE, INC.

Principal Place of Business	Mailing Address
2655 LE JEUNE RD SUITE ~~1100~~ 906 CORAL GABLES FL 33134 US	2655 LE JEUNE RD SUITE ~~1100~~ 906 CORALGABLES FL 33134-5802 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 59-2043472 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

~~MARQUINA, JOSE~~ Raul Valdes-Fauli
~~286 SEAVIEW DR #~~
~~KEY BISCAYNE FL 33149~~

7. Name and Address of New Registered Agent

Name VALDES-FAULI, RAUL
Street Address (P.O. Box Number is Not Acceptable) 200 SOUTH BISCAYNE BLVD
City MIAMI FL Zip Code 33131

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 ______ 4-28-00
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	PDD MARQUINA, JOSE 2655 LE JEUNE ROAD, STE 905 CORAL GABLES FL 33134	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDD VALDÉS-FAULI, RAUL 200 S. BISCAYNE BLVD., 42nd FLOOR MIAMI FL 33131	☒ Change ~~Addition~~
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD VERDIJAS, SAM 999 PONCE DE LEON BLVD, STE 605 CORAL GABLES FL 33134	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LINARES, JULIÁN 801 BRICKELL BAY DRIVE, SUITE 463 MIAMI FL 33131	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LOSA, ELVIRA 6100 BLUE LAGOON DRIVE, STE 200 MIAMI FL 33176	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MARTINEZ-LLUCH, GUILLERMO 801 BRICKELL AVE., SUITE 2320 MIAMI FL 33131	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ANGELO, SUSAN 16400 N W 32ND AVENUE MIAMI FL 33054	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HIDALGO, RAFAEL 2655 LE JEUNE ROAD, SUITE 908 CORAL GABLES FL 33134	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T OLARTE, LUIS 1900 NW 92 AVE MIAMI FL	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PASCUAL, GABRIEL 2100 SALZEDO ST., SUITE 301-B CORAL GABLES FL 33134	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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: ______ 4-28-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #