

4/17

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

04-17-2001 90078 045 ****61.25

DOCUMENT # 770351

1. Entity Name

AMERICAN FRIENDS OF GUATEMALA, INC.

Principal Place of Business

 1607 PONCE DE LEON BLVD
 CORAL GABLES FL 33134
 US

Mailing Address

 1607 PONCE DE LEON BLVD
 CORAL GABLES FL 33134
 US

2. Principal Place of Business

 9300 S. DADELAND BLVD
 Suite, Apt. #, etc. 413

3. Mailing Address

 9300 S. DADELAND BLVD
 Suite, Apt. #, etc. 413

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33156

Country

Zip

33156

Country

4. FEI Number

59-2340011

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

 PAIZ, FERNANDO
 1607 PONCE DE LEON BLVD.
 CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

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

 9300 S. DADELAND BLVD
 SUITE 413

City MIAMI

FL

Zip Code 33156

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

(NOTE: Registered Agent signature required when reinstating)

FERNANDO PAIZ

4/15/01

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

TITLE	PSD	☐ Delete
NAME	PAIZ, FERNANDO (AST.SEC)	
STREET ADDRESS	1607 PONCE DE LEON BLVD	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	VD	☐ Delete
NAME	HEINEMANN, EDGAR A.	
STREET ADDRESS	9A CALLE 3-44 ZONA 1	
CITY-ST-ZIP	GUATEMALA CITY, GUATM	
TITLE	SD	☐ Delete
NAME	GAMBOA, ARTURO	
STREET ADDRESS	1607 PONCE DE LEON BLVD	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	TD	☐ Delete
NAME	PELAYO, AMIE	
STREET ADDRESS	2150 NW 70 AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	☒ Change ☐ Addition
NAME	
STREET ADDRESS	9300 S. DADELAND BLVD #413
CITY-ST-ZIP	MIAMI FL 33156
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	DIRECTOR ☒ Change ☐ Addition
NAME	
STREET ADDRESS	9300 S. DADELAND BLVD #413
CITY-ST-ZIP	MIAMI FL 33156
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ 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

FERNANDO PAIZ

4/15/01

305 670 9292

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)