

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

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90095 031 ****61.25

DOCUMENT # 770351

1. Entity Name

AMERICAN FRIENDS OF GUATEMALA, INC.



Principal Place of Business

**9300 S. DADELAND BLVD.
413
MIAMI FL 33156
US**

Mailing Address

**9300 S. DADELAND BLVD.
413
MIAMI FL 33156
US**

70020670

2. Principal Place of Business

9200 SOUTH DADELAND BLVD. #320

3. Mailing Address

9200 SOUTH DADELAND BLVD.

Suite, Apt. #, etc.

SUITE 320

Suite, Apt. #, etc.

SUITE 320

City & State

MIAMI, FL 33156

City & State

MIAMI, FLORIDA

Zip

33156

Country

USA

Zip

33156

Country

USA

4. FEI Number **59-2340011**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**PAIZ, FERNANDO
9300 S. DADELAND BLVD.
SUITE 413
MIAMI FL 33156**

7. Name and Address of New Registered Agent

Name

PAIZ, FERNANDO

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

9200 SOUTH DADELAND BLVD.

SUITE 320

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

2/28/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PSD** ☐ Delete
NAME **PAIZ, FERNANDO (AST.SEC)**
STREET ADDRESS **9300 S. DADELAND BLVD., #413**
CITY-ST-ZIP **MIAMI FL 33156**

TITLE **VD** ☒ Delete
NAME **HEINEMANN, EDGAR A.**
STREET ADDRESS **9A CALLE 3-44 ZONA 1**
CITY-ST-ZIP **GUATEMALA CITY, GUATM**

TITLE **D** ☐ Delete
NAME **GAMBOA, ARTURO**
STREET ADDRESS **9300 S. DADELAND BLVD. #413**
CITY-ST-ZIP **MIAMI FL 33156**

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 **PRESIDENT/ SECRETARY/ D.** ☒ Change ☐ Addition
NAME **PAIZ, FERNANDO (ASIST.SEC)**
STREET ADDRESS **9200 SOUTH DADELAND BLVD. SUITE**
CITY-ST-ZIP **MIAMI, FL. 33156 320**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DIRECTOR** ☒ Change ☐ Addition
NAME **ARTURO GAMBOA**
STREET ADDRESS **9200 SOUTH DADELAND BLVD. SUITE**
CITY-ST-ZIP **MIAMI, FL 33156 320**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VICE-PRESIDENT/ DIRECTOR** ☐ Change ☒ Addition
NAME **LUIS CAMPOLLO**
STREET ADDRESS **9200 SOUTH DADELAND BLVD. SUITE**
CITY-ST-ZIP **MIAMI FL 33156 320**

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FERNANDO PAIZ

2/28/03

3051709292

CR2E037 (10/02)