

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2002 8:00 am
Secretary of State

01-29-2002 90027 006 ****61.25

DOCUMENT # 827767

1. Entity Name

IAPA PRESS INSTITUTE, INC.

Principal Place of Business

Mailing Address

**1801 SW 3RD AVE
8TH FL
MIAMI FL 33129**

**1801 SW 3RD AVE
8TH FL
MIAMI FL 33129**

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

13-1963541

Applied For

Not Applicable

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

**MUNOZ, JULIO E
1801 SW 3RD AVE
8TH FL
MIAMI FL 33129**

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

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 ☐ Delete
NAME **P**
STREET ADDRESS **MESQUITA, JULIO C.F. DE**
CITY-ST-ZIP **AV. CAETANO ALVARES, 55
SAO PAULO BR**

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

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **FERRE, LUIS A**
CITY-ST-ZIP **REY RICARDO 392
GUAYNABO PR 00969**

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

TITLE ☒ Delete
NAME **S**
STREET ADDRESS **CAMARA, JAIME**
CITY-ST-ZIP **RUA THOMAS EDSON QD 7 SETOR SERRINHA
GOIANA GOIAS, BRAZIL**

TITLE ☐ Change ☒ Addition
NAME **V**
STREET ADDRESS **ALEMAN, EDUARDO**
CITY-ST-ZIP **EL CARABOBENO
VALENCIA, VENEZUELA**

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **ZUCOLILLO, ALDO**
CITY-ST-ZIP **YEGROS 745
ASUNCION, PARAGUAY**

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

TITLE ☒ Delete
NAME **M**
STREET ADDRESS **LUIS FERNANDO SANTOS**
CITY-ST-ZIP **AV EL DORADO NO 59-70
BOGOTA, COLOMBIA**

TITLE ☐ Change ☒ Addition
NAME **V**
STREET ADDRESS **BRUGMANN, BRUCE**
CITY-ST-ZIP **520 HAMPSHIRE ST.
SAN FRANCISCO, CA 94110**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MUNOZ, JULIO E**
CITY-ST-ZIP **7100 SW 146TH ST
MIAMI FL 33158**

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.

EXECUTIVE DIRECTOR

SIGNATURE:

SIGNATURE REQUIRED BY MUNOZ

01/11/02 (305)634-2465

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)