

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 827769**

1. Entity Name

INTER-AMERICA PRESS ASSOCIATION SCHOLARSHIP FUND**FILED**
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90257 015 ****61.25

Principal Place of Business

Mailing Address

SCHOLARSHIP FUND INC.
2911 N.W. 39TH STREET
MIAMI FL 33142SCHOLARSHIP FUND INC.
2911 N.W. 39TH STREET
MIAMI FL 33142-5148

2. Principal Place of Business

1801 SW 3rd Avenue

3. Mailing Address

1801 SW 3rd Avenue

Suite, Apt. #, etc.

8th Floor

Suite, Apt. #, etc.

8th Floor

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

4. FEI Number

13-6128602

Applied For

Not Applicable

Zip

33129

Country

USA

Zip

33129

Country

USA

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.
2911 NW 39TH STREET
MIAMI FL 33142

Name

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

1801 SW 3rd. Avenue 8th Floor

City

MIAMI

FL

Zip Code
33129

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

JULIO E. MUÑOZ-Executive Director

May 1, 2000

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. 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	V O'FARRILL, HILDA 2911 NW 39TH ST MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M MUNOZ, JULIO E. 2911 N.W. 39TH ST MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STEPHEN HAMBLETT 75 FOUNTAIN ST. PROVIDENCE RI	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HAMPTON, JAMES ONE HERALD PLAZA MIAMI FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AGUIRRE, ALEJANDRO J. 2900 NW 39TH STREET MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MITRE, BARTOLOME BOUCHARD 557 BUENOS AIRES, ARGEN.	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1801 SW 3rd Avenue 8th Floor MIAMI, FLORIDA 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1801 SW 3rd Avenue 8th Floor MIAMI, FLORIDA 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition T PAUL K. SCRIPPS 625 Broadway St. Suite 625 San Diego, CA 92101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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
JULIO E. MUÑOZ-Executive Director

Date

Daytime Phone #

(305) 634-2465
May 1, 2000

CR2E037 (9/99)