

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

01-29-2002 90045 027 \*\*\*\*61.25

**DOCUMENT # 827769**

1. Entity Name

**INTER-AMERICA PRESS ASSOCIATION SCHOLARSHIP FUND  
, INC.**

Principal Place of Business

Mailing Address

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

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

00016661



DO NOT WRITE IN THIS SPACE

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

**13-6128602**

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 AVENUE 8TH FLOOR  
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 NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>O'FARRILL, HILDA</b> <b>1801 SW 3RD AVENUE 8TH FLOOR</b> <b>MIAMI FL 33129</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>M</b> <b>MUNOZ, JULIO E.</b> <b>1801 SW 3RD AVENUE 8TH FLOOR</b> <b>MIAMI FL 33129</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>STEPHEN HAMBLETT</b> <b>75 FOUNTAIN ST.</b> <b>PROVIDENCE RI</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>SCRIPPS, PAUL K</b> <b>625 BROADWAY ST STE 625</b> <b>SAN DIEGO CA 92101</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>AGUIRRE, ALEJANDRO J.</b> <b>2900 NW 39TH STREET</b> <b>MIAMI FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>MITRE, BARTOLOME</b> <b>BOUCHARD 557</b> <b>BUENOS AIRES, ARGEN.</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>ARIAS DE GALINDO, ROSARIO</b> <b>EL PANAMA AMERICA</b> <b>PANAMA, REPUBLICA DE PANAMA</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>JUNGBLUT, ANDRE LUIS</b> <b>RUA RAMIRO BARCELOS, 1206</b> <b>SANTA CRUZ DO SUL, RS, BRAZIL</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>SCRIPPS, PAUL K.</b> <b>625 BROADWAY ST. STE. 625</b> <b>SAN DIEGO, CA 92101</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>AGUIRRE, ALEJANDRO J.</b> <b>2900 NW 39th ST.</b> <b>MIAMI, FL 33142</b>	<input checked="" 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:** **EXECUTIVE DIRECTOR**  
**SIGNATURE REQUIRED** MUNOZ

01/11/02 (305)634-2465

CR2E037 (9/01)