

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

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90212 036 ****61.25

DOCUMENT # 827769

1. Entity Name

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



Principal Place of Business

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

Mailing Address

**1801 SW 3RD AVE
8TH FLOOR
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 **13-6128602**

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

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

SIGNATURE

JULIO E. MUNOZ EXECUTIVE DIRECTOR

1/17/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **V** ☐ Delete
NAME **ARIAS, DE GALINDO ROSARIO**
STREET ADDRESS **EL PANAMA AMERICA**
CITY-ST-ZIP **BRAZIL 00000**

TITLE **VICE PRESIDENT** ☒ Change ☐ Addition
NAME **GALINDO, ROSARIO**
STREET ADDRESS **APARTADO B4**
CITY-ST-ZIP **PANAMA 9A, REPUBLICA DE PANAMA**

TITLE **M** ☐ Delete
NAME **MUNOZ, JULIO E.**
STREET ADDRESS **1801 SW 3RD AVENUE 8TH FLOOR**
CITY-ST-ZIP **MIAMI FL 33129**

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

TITLE **T** ☐ Delete
NAME **JUNGBLUT, ANDRE LUIS**
STREET ADDRESS **RUA RAMIOR BARCELOS 1206**
CITY-ST-ZIP **BRAZIL BA 00000**

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

TITLE **V** ☐ Delete
NAME **SCRIPPS, PAUL K**
STREET ADDRESS **625 BROADWAY ST STE 625**
CITY-ST-ZIP **SAN DIEGO CA 92101**

TITLE **VICE PRESIDENT** ☒ Change ☐ Addition
NAME **SCRIPPS, PAUL**
STREET ADDRESS **PO BOX 1211**
CITY-ST-ZIP **JAMUL, CA 91935**

TITLE **P** ☐ Delete
NAME **AGUIRRE, ALEJANDRO J.**
STREET ADDRESS **2900 NW 39TH STREET**
CITY-ST-ZIP **MIAMI FL**

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **MANTILLA, JAIME**
STREET ADDRESS **AVENIDA MARISCAL ANTONIO JOSE DE SUCRE**
CITY-ST-ZIP **N:71-345, EL CONDADO QUITO, ECUADOR**

TITLE **S** ☐ Delete
NAME **MITRE, BARTOLOME**
STREET ADDRESS **BOUCHARD 557**
CITY-ST-ZIP **BUENOS AIRES, ARGEN.**

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 OF JULIO E. MUNOZ

EXECUTIVE DIRECTOR

1/17/03

305-634-2465

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)