

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2002 8:00 am
Secretary of State

09-12-2002 90062 026 ****70.00

DOCUMENT # N00000001158

1. Entity Name

THE VIZCAYA VOLUNTEER GUIDES, INC.

Principal Place of Business

Mailing Address

**3251 SOUTH MIAMI AVENUE
 MIAMI FL 33129**

**3251 SOUTH MIAMI AVENUE
 MIAMI FL 33129**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1760269

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**WHITCOMB, MARY A
 3800 RIVIERA DRIVE
 CORAL GABLES FL 33134**

Name

Elizabeth E. Mooers

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

2521 INAGUA AVE

City

Miami

FL

Zip Code

33133

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

Elizabeth E. Mooers *Elizabeth E. Mooers* **30 Aug 2002**

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 **D** ☐ Delete
 NAME **WHITCOMB, MARY A**
 STREET ADDRESS **3800 RIVIERA DRIVE**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

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

TITLE **D** ☐ Delete
 NAME **DEAGUERO, RICHARD**
 STREET ADDRESS **1200 SW 17 TERRACE**
 CITY-ST-ZIP **MIAMI FL 33145**

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

TITLE **D** ☒ Delete
 NAME **SMITH, CHARLYNE**
 STREET ADDRESS **3371 CRYSTAL COURT**
 CITY-ST-ZIP **MIAMI FL 33133**

TITLE **D** ☒ Change ☐ Addition
 NAME **Whitcomb, Mary A**
 STREET ADDRESS **3800 Riviera Dr.**
 CITY-ST-ZIP **Coral Gables**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Richard de Aguiro **Richard de Aguiro** **30 Aug 2002** **305-854 7059**

CR2E037 (9/01)