

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N 000000001524

1. Entity Name

VENEZUELAN-AMERICAN BROTHERHOOD
FOUNDATION, INC.

Principal Place of Business

Mailing Address

8212 NW, 30 TERR
MIAMI, FL 33122

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

65-0998068

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALTUVE, GILBERTO A.
10855 NW, 50TH ST, #204
MIAMI, FL 33178

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 requesting a)

x 10-05-01
DATE

FILE NOW
FEE IS \$41.25

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 PD
NAME GONZALEZ, PEDRO A.
STREET ADDRESS 8212 NW, 30TH TERRACE
CITY-ST-ZIP MIAMI, FL 33122 ☐ Delete

TITLE
NAME 700004645017
STREET ADDRESS -10/19/01--01022--026
CITY-ST-ZIP *****70.00 *****70.00 ☐ Change ☐ Addition

TITLE VPD
NAME ESQUIVEL, ANTONIO D.
STREET ADDRESS 8212 NW, 30TH TERRACE
CITY-ST-ZIP MIAMI, FL 33122 ☐ Delete

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

TITLE SD
NAME ALTUVE, GILBERTO A.
STREET ADDRESS 10855 NW, 50TH ST, #204
CITY-ST-ZIP MIAMI, FL 33178 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x 10/04/01 x(30r) 594-6405

Date

Daytime Phone #

CR2E037 (11/00)



**VENEZUELAN-AMERICAN BROTHERHOOD FOUNDATION
HERMANDAD VENEZOLANA-AMERICANA
VENAMHER**

**P.O. Box 52-3025 * Miami, FL 33152
Tel. (305) 594-6505 * Fax (305) 594-9180
www.venamher.org e-mail: venamher@venamher.org**

October 4th 2001

Florida Department of State
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 3202-1500

Doc Number. N00000001524

Dear Sir/Madam:

Regarding the 2001 Annual Report for this Corporation, we never received the original form to be filed with the Department of State, because we move our offices to another location and this form was not delivered to us.

Please accept this explanation as an apology from us and kindly accept the attached form and the our Check No. 1221 for US\$ 70.00 enclosed with this letter, to cover our 2001 Annual-Report filing and the Certificate of Status.

Again we apologize for the inconvenience.



Pedro A. Gonzalez
President-Director