

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90040 013 ****61.25

DOCUMENT # N00000005305

1. Entity Name

CENTER FOR STRATEGIC STUDIES FOR ACTIVE DEMOCRAC

Principal Place of Business

C/O SHUTTS & BOWEN. LLP
 1500 MIAMI CENTER. 201 S BISCAYNE BLVD
 MIAMI FL 33131

Mailing Address

C/O SHUTTS & BOWEN. LLP
 1500 MIAMI CENTER. 201 S BISCAYNE BLVD
 MIAMI FL 33131



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business *closed*
Shutts and Bowen LLP
 Suite, Apt. #, etc. *1600 Miami Center*
201 S. Biscayne Blvd.

3. Mailing Address
closed Shutts & Bowen LLP
 Suite, Apt. #, etc. *201 S. Biscayne Blvd.*
1600 Miami Center Blvd.

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip
33131

Country
USA

Zip
33131

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

CORPORATION COMPANY OF MIAMI
 1500 MIAMI CENTER, 201 S BISCAYNE BLVD
 MIAMI FL 33131

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 **D** ☐ Delete
 NAME **RAMIREZ MOLINA, DONALD STEFAN**
 STREET ADDRESS **1500 MIAMI CENTER, 201 S BISCAYNE BLVD**
 CITY-ST-ZIP **MIAMI FL 33131**

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

TITLE **D** ☐ Delete
 NAME **FLOREZ PEREZ, EDGER JESUS**
 STREET ADDRESS **CCC TAMANACO PRIMERA ETAPA PRIMER PISO**
 CITY-ST-ZIP **OFICINA 117, CARACAS VENEZUE**

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

TITLE **D** ☐ Delete
 NAME **VILLASMI AREVALO, MARCOS G**
 STREET ADDRESS **CCC TAMANACO PRIMERA ETAPA PRIMER PISO**
 CITY-ST-ZIP **OFICINA 117, CARACAS VENEZUE**

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

TITLE **D** ☐ Delete
 NAME **CAPRILES CAPRILES, ARMANDO**
 STREET ADDRESS **CCC TAMANACO PRIMERA ETAPA PRIMER PISO**
 CITY-ST-ZIP **OFICINA 117, CARACAS VENEZUE**

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

TITLE **D** ☐ Delete
 NAME **SILVA AGUDELO, PEDRO IGNACIO**
 STREET ADDRESS **CCC TAMANACO PRIMERA ETAPA PRIMER PISO**
 CITY-ST-ZIP **OFICINA 117, CARACAS VENEZUE**

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: *Donald Ramirez* **NOT REQUIRED** *Donald Ramirez*, 4/30/01 305)413-9684

CR2E037 (10/00)