

# 2001 UNIFORM BUSINESS REPORT (UBR)

8/1

**FILED**  
**Sep 06, 2001 8:00 am**  
**Secretary of State**

08-13-2001 90145 042 \*\*\*\*70.00

**DOCUMENT # N00000005838**

1. Entity Name

**INSTITUTO LATINOAMERICANO DE CIENCIAS MARINAS Y**



Principal Place of Business

Mailing Address

5430 SW 92ND AVE  
 MIAMI FL 33165

5430 SW 92ND AVE  
 MIAMI FL 33165

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEL Number  
 65-1045432

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

Name

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

City

**FL**

Zip Code

**BELLO, MARIA J**  
**5430 SW 92ND AVE**  
**MIAMI FL 33165**

B. 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**  
**After September 12, 2001, min. will be \$236.25**

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	President Maria J. Bello 5430 S.W 92ND Avenue Miami, Florida, 33165	<input type="checkbox"/> Delete D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President Hernando Cardenas 8101 SW 72 Ave. Apto 420 West Miami, FL 33143	<input type="checkbox"/> Delete D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasure Berta Torres 2820 Sw 33 court Miami FL 33133	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dr. Maria M Criales University of Miami 4600 Rickenbacker Cswy Miami, FL 33149	<input type="checkbox"/> Delete T
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dr. Adriana Cantillo 1305 Eats-West Highway 10th Floor SSSMC4 Silver Spring MD 20910	<input type="checkbox"/> Delete T

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Rafael Araujo 4600 Rickenbacker Cswy Miami, FL 33149	<input type="checkbox"/> Change <input type="checkbox"/> Addition D
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input 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		<input 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Maria J. Bello**  
 President

07/30/01 305-598-8766

Date

Daytime Phone #

CR2E037 (5/01)