

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000005838

1. Entity Name

INSTITUTO LATINOAMERICANO DE CIENCIAS MARINAS Y
DEL AMBIENTE, INC.

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. FEI 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

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

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 PD
NAME BELLO, MARIA J
STREET ADDRESS 5430 SW 92ND AVE
CITY-ST-ZIP MIAMI FL 33165

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VD
NAME CARDENAS, HERNANDO
STREET ADDRESS 8101 SW 72 AVE APT 420
CITY-ST-ZIP WEST MIAMI FL 33143

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE T
NAME TORRES, BERTA
STREET ADDRESS 2820 SW 33 COURT
CITY-ST-ZIP MIAMI FL 33133

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE T
NAME CRIALES, MARIA M
STREET ADDRESS 4600 RICKENBACKER CSWY
CITY-ST-ZIP MIAMI FL 33149

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE T
NAME CANTILLO, ADRIANA
STREET ADDRESS 1305 EAST-WEST HWY
CITY-ST-ZIP SILVER SPRING MD 20910

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME ARAUJO, RAFAEL
STREET ADDRESS 4600 RICKENBACKER CSWY
CITY-ST-ZIP MIAMI FL 33149

☐ 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)(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 Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90724 042 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (9/01)

05/03/2002 305-361-4428