

# 2002 UNIFORM BUSINESS REPORT (UBR)

9/25/2002-90124-015-\$70.00-\$70.00

DOCUMENT # N01000000848

1. Entity Name

AMIGOS DEL ING. AGUSTIN JARQUIN ANAYA, INC.

Principal Place of Business

Mailing Address

300 BISCAYNE BLVD. WAY SUITE 1014  
MIAMI FL 33131

300 BISCAYNE BLVD. WAY SUITE 1014  
MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

4. FEI Number

Applied For  
☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,  
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

TITLE: President  
NAME: Agustin Jarquin Anaya  
STREET ADDRESS: 300 Biscayne Blvd. Way #1014  
CITY-ST-ZIP: Miami, FL 33131 ☐ Delete

TITLE: Director  
NAME: Pedro E. Mora  
STREET ADDRESS: 300 Biscayne Blvd. Way # 1014  
CITY-ST-ZIP: Miami, FL 33131 ☐ Delete

TITLE: Director  
NAME: Henry Benavides  
STREET ADDRESS: 300 Biscayne Blvd. Way # 1014  
CITY-ST-ZIP: Miami, FL 33131 ☐ Delete

TITLE: Director  
NAME: Dr. Armando Pomar  
STREET ADDRESS: 300 Biscayne Blvd. Way # 1014  
CITY-ST-ZIP: Miami, FL 33131 ☐ Delete

TITLE: Director  
NAME: Salvador Castellon  
STREET ADDRESS: 300 Biscayne Blvd. Way # 1014  
CITY-ST-ZIP: Miami, FL 33131 ☐ Delete

TITLE: Director  
NAME: Juan Villalongo  
STREET ADDRESS: 300 Biscayne Blvd. Way #1014  
CITY-ST-ZIP: Miami, FL 33131 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: Director  
NAME: Luis Martinez  
STREET ADDRESS: 300 Biscayne Blvd. Way #1014  
CITY-ST-ZIP: Miami, FL 33131 ☐ Change ☐ Addition

TITLE: Director  
NAME: Hazel Arroyo  
STREET ADDRESS: 300 Biscayne Blvd. Way # 1014  
CITY-ST-ZIP: Miami, FL 33131 ☐ Change ☐ Addition

TITLE: Director  
NAME: Joseph Luzzi  
STREET ADDRESS: 300 Biscayne Blvd. Way # 1014  
CITY-ST-ZIP: Miami, FL 33131 ☐ Change ☐ Addition

TITLE: Director  
NAME: Manuel Manzana  
STREET ADDRESS: 300 Biscayne Blvd. Way # 1014  
CITY-ST-ZIP: Miami, FL 33131 ☐ Change ☐ Addition

TITLE: Director  
NAME: Issac Ramos  
STREET ADDRESS: 300 Biscayne Blvd. Way # 1014  
CITY-ST-ZIP: Miami, FL 33131 ☐ Change ☐ Addition

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 Directm

8/18/02

Date

Daytime Phone #

CR2E037 (4/02)