

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91335 023 ****61.25

DOCUMENT # ND1000000997 ✓
1. Entity Name
DOMINICAN AMERICAN CHAMBER OF
COMMERCE OF FLORIDA INC.

DO NOT WRITE IN THIS SPACE

668691

2. Principal Place of Business <u>4150 NW 7th St.</u> Suite, Apt. #, etc. <u>203</u>		3. Mailing Address <u>2828 NW 17 AVE</u> Suite, Apt. #, etc.	
City & State <u>MIAMI FLORIDA</u>		City & State <u>MIAMI FL.</u>	
Zip <u>33145</u>	Country	Zip <u>33142</u>	Country

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DO NOT WRITE IN THIS SPACE	4. FEI Number <u>65-1086835</u>		Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired: <input type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent Name <u>Pedro Castillo</u> Street Address (P.O. Box Number is Not Acceptable) <u>310 SW 13A AVE</u> City <u>MIAMI</u> FL <u>33184</u>		

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 Pedro Castillo (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable. DATE 4/30/02

FEE IS \$61.25 Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <u>PD</u> <u>TORRES JOSE</u> <u>2814 NW 17 AVE</u> <u>MIAMI FL. 33142</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <u>CD</u> <u>ENCARNACION, DAVID</u> <u>2828 NW 17 AVE</u> <u>MIAMI FL. 33142</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <u>VCD</u> <u>RAMIREZ, JUAN</u> <u>2814 NW 17 AVE</u> <u>MIAMI FL. 33142</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <u>VCD</u> <u>MOREL, RAFAEL</u> <u>6555 NW 36 ST. N° 301</u> <u>MIAMI FL. 33166</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <u>TD.</u> <u>MORILLO NESTOR</u> <u>2828 NW 17 AVE</u> <u>MIAMI FL. 33142</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE 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 517, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Jose Torres SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DATE 4/30/02 DAYTIME PHONE #

CR2E037B (12/01)