

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

DOCUMENT # N01000001188

1. Entity Name

CENTRO BOLIVIANO DE MIAMI, INC.



FILED

03 JAN 31 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5501 NW 7 ST

3. Mailing Address

5501 NW 7 ST

Suite, Apt. #, etc.

#E-209

Suite, Apt. #, etc.

#E-209

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33126

Country
US

Zip
33126

Country
US

4. FEI Number 65-1076404

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name SPIEGEL & UTRERA, P.A.

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

343 ALMERIA AVENUE

City CORAL GABLES

FL

Zip Code
33134

**DO NOT WRITE
IN THIS SPACE**

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

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P/D ABRAHAM MALCUNI
5501 NW 7 ST #E-209
MIAMI, FL 33126

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

900012309879
02/11/03--01020--035 **\$61.25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP/D CARLOS HUGO GUTIERREZ RODAS
5501 NW 7 ST #E-209
MIAMI, FL 33126

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

T/D MARIO GALINDO
5501 NW 7 ST #E-209
MIAMI, FL 33126

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/29/03

CR200378 (12/02)

2 of 2

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

AS PER OUR PHONE COVERSATION I AM SENDING YOU THE UBR FORM
ALONG WITH A CHECK FOR \$61.25. I NEVER RECEIVED ANY
CORRESPONDENCE OR THE REJECTION LETTER DATED ON SEPT. 2002.

PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT MY CORPORATION IN ITS
ACTIVE STATUS AND TO WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER.

CORDIALLY


ABRAHAM A. MALCUNI
PRESIDENT