

4/22/2002-90318-018-\$61.25-\$61.25

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

0007/04

02 JUN -4 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000001364

1. Entity Name

CAMARA DE COMERCIO MERCOSUR, ALCA & TICAMER, INC

Principal Place of Business

12550 BISCAYNE BOULEVARD
SUITE 500
N. MIAMI FL 33181

Mailing Address

12550 BISCAYNE BOULEVARD
SUITE 500
N. MIAMI FL 33181

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

651092654

Applied For
☒ Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALVAREZ, MARIA T
1045 KANE CONCOURSE, STE. 207
BAY HARBOR FL 33154

7. Name and Address of New Registered Agent

Name: MARIA ALVAREZ
Street Address (P.O. Box Number is Not Acceptable)
12550 BISCAYNE BLVD
SUITE 537
City: NORTH MIAMI FL Zip Code: 33181

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

MARIA ALVAREZ

05-31-02

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 FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE: PD ☐ Delete
NAME: ALVAREZ, MARIA T
STREET ADDRESS: 1045 KANE CONCOURSE, STE. 207
CITY-ST-ZIP: BAY HARBOR FL 33154TITLE: VD ☐ Delete
NAME: VERA, MIGUEL M
STREET ADDRESS: 1045 KANE CONCOURSE, STE. 207
CITY-ST-ZIP: BAY HARBOR FL 33154TITLE: D ☐ Delete
NAME: JULIO A. NOLLA
STREET ADDRESS: 6856 W. FLAGLER ST 2nd Floor
CITY-ST-ZIP: Miami, Florida 33144TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP: TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP: TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP: TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP: TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP: TITLE: ☐ Change ☐ Addition
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CITY-ST-ZIP: TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP: TITLE: ☐ Change ☐ Addition
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 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

04/11/02

Date

305 459 0554

Daytime Phone #

CR2E037 (9/01)