

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90031 039 ****61.25

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
13899 BISCAYNE BLVD

3. Mailing Address
270 LAYNE BLVD

Suite, Apt. #, etc.
149

Suite, Apt. #, etc.
305

City & State
NORTH MIAMI FLORIDA

City & State
HALLANDALE FLORIDA

Zip
33181

Country
U.S.A

Zip
33009

Country
U.S.A

4. FEI Number **65-1092654**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ALVAREZ, MARIA T
12550 BISCAYNE BLVD
SUITE 537
NORTH MIAMI FL 33181**

7. Name and Address of New Registered Agent

Name **ALVAREZ, MARIA T**
Street Address (P.O. Box Number is Not Acceptable)
270 LAYNE BLVD # 305 -
City **HALLANDALE** FL Zip Code **33009**

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 **MARIA T. ALVAREZ** **04-10-03**
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
Florida 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 33154**

TITLE **VD** ☐ Delete
NAME **VERA, MIGUEL M**
STREET ADDRESS **1045 KANE CONCOURSE, STE. 207**
CITY-ST-ZIP **BAY HARBOR FL 33154**

TITLE **D** ☐ Delete
NAME **NOLLA, JULIO A**
STREET ADDRESS **6856 W FLAGLER ST 2ND FLOOR**
CITY-ST-ZIP **MIAMI FL 33144**

TITLE ☐ 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 **PD** ☒ Change ☐ Addition
NAME **ALVAREZ, MARIA T**
STREET ADDRESS **270 LAYNE BLVD**
CITY-ST-ZIP **HALLANDALE FLORIDA 33009**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
THIS change only Address

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

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

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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**

04-10-03

754-422-6913

CR2E037 (10/02)