FILED 2002 UNIFORM BUSINESS REPORT (UBR) Jul 08, 2002 8:00 am Secretary of State DOCUMENT # NO100003197 07-08-2002 90229 019 ****61.25 INTERNATIONAL CLUB OF ARGENTINE TANGO OF SOUTH F Principal Place of Business Mailing Address 4855 HUNTERS WAY 4855 HUNTERS WAY **BOCA RATON FL 33434 BOCA RATON FL 33434** 2. Principal Place of Business HALLANDALE CULTURAL COMMUNITY CENTER Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 65-0775/03 Applied For City & State Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TBANEZ-LOPEZ Street Address (P.O. Box Number is Not Acceptable) LOPEZ: CARMEN **4855 HUNTERS WAY BOCA RATON FL 33434** Zip Code City 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. DATE 9. Election Campaign Financing Make Check Payable to After September 13, 2002, \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State min. will be \$236.25. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. TBANEZ-LOPEZ CARMEN SCHANGE 1855 HUNTER'S WAY BOCA RATON, Fl. 33434 **PSD** Delete TITLE TITLE LOPEZ, CARMAN NAME NAME STREET ADDRESS STREET ADORESS 4855 HUNTERS WAY CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL 33434 TERAMO, JUAN Change Change ☐ Delete TITI F TITLE 8877 COLLINS AVE APT. 402 TERAMO, JUAN NAME NAME STREET ADDRESS STREET ADDRESS 4855 HUNTERS WAY SURFSIDE, Fl. 33154 CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL 33434 MA, CARMEN 17000 N.W. UTHL AVE. APT. 135 Delete TITLE LYMAN, GIANNA NAME NAME STREET ADDRESS STREET ADDRESS **4855 HUNTERS WAY** MIAMI, F1. 33015 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33434** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE TITL F Delete NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Delete

CONSTURE CARACTURA MARIE X ope

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

July 1st 2002 561-241-6585

Addition

Change