

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N01000004881**

1. Entity Name

LAW FIRM OF THE AMERICAS, INC.

Principal Place of Business

Mailing Address

ATTN: FRANCISCO J. GONZALEZ
2601 SOUTH BAYSHORE DRIVE #1600
MIAMI FL 33133ATTN: FRANCISCO J. GONZALEZ
2601 SOUTH BAYSHORE DRIVE #1600
MIAMI FL 33133**FILED**
May 28, 2002 8:00 am
Secretary of State

04-22-2002 90278 015 ****61.25



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1121052

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GONZALEZ, FRANCISCO J
2601 SOUTH BAYSHORE DRIVE
SUITE 1600
MIAMI FL 33139

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **ADORNO, HENRY N**
CITY-ST-ZIP **2601 SOUTH BAYSHORE DRIVE #2601**
MIAMI FL 33133TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **D**
STREET ADDRESS **GONZALEZ, FRANCISCO J**
CITY-ST-ZIP **2601 SOUTH BAYSHORE DRIVE #1600**
MIAMI FL 33133TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **D**
STREET ADDRESS **ST. JOHN, GREGORY**
CITY-ST-ZIP **2601 SOUTH BAYSHORE DRIVE #1600**
MIAMI FL 33133TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ 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

4/8/02 305-858-5555
Date Daytime Phone #

CP2E037 (9/01)