

2002 UNIFORM BUSINESS REPORT (UBR)

5/20

FILED
Jun 19, 2002 8:00 am
Secretary of State

05-20-2002 90071 038 ****61.25

DOCUMENT # N01000005229

1. Entity Name

INTERNATIONAL ASSOCIATION FOR VENEZUELAN PROFESSIONALS, CORP.

Principal Place of Business

Mailing Address

12550 BISCAYNE BLVD.
 #539
 NORTH MIAMI FL 33181

12550 BISCAYNE BLVD.
 #539
 NORTH MIAMI FL 33181

93847



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

651130459

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

MEZA, MAURA
 12550 BISCAYNE BLVD.
 #539
 NORTH MIAMI FL 33181

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 \$61.25

9. 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 NAME	D <input type="checkbox"/> Delete
STREET ADDRESS	MEZA, MAURA
CITY-ST-ZIP	12550 BISCAYNE BLVD. #539 NORTH MIAMI FL 33181
TITLE NAME	D <input type="checkbox"/> Delete
STREET ADDRESS	HECHT, JOSE O
CITY-ST-ZIP	12550 BISCAYNE BLVD. #539 NORTH MIAMI FL 33181
TITLE NAME	D <input type="checkbox"/> Delete
STREET ADDRESS	MATA-HECHT, SONIA
CITY-ST-ZIP	12550 BISCAYNE BLVD. #539 NORTH MIAMI FL 33181
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

06/29/02

Date

305 459-0752

Daytime Phone #

CR2E037 (9/01)