

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

FILED
Mar 06, 2003 8:00 am
Secretary of State

02-17-2003 90222 011 ****61.25

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1. Entity Name

VENEZUELAN SOCIETY FOR HUMAN RIGHTS (VSHR), INC



Principal Place of Business

11111 BISCAYNE BLVD.
#1552
MIAMI FL 33181

Mailing Address

11111 BISCAYNE BLVD.
#1552
MIAMI FL 33181

2. Principal Place of Business

11111 BISCAYNE BLVD

3. Mailing Address

Suite, Apt. #, etc.

1552

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

Zip

33181

Country

USA

Zip

Country

6. Name and Address of Current Registered Agent

SALAZAR, MORELLA
11111 BISCAYNE BLVD.
#600
MIAMI FL 33181

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	Delete
NAME	VIGIL, ISMAEL P	
STREET ADDRESS	9705 BRIXTON LA	
CITY-ST-ZIP	BETHESDA MD 20817	
TITLE	D	Delete
NAME	RANGEL, BEATRICE E	
STREET ADDRESS	5900 COLLINS AVE. APT. 1207	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	D	Delete
NAME	BURGOS, ELIZABETH	
STREET ADDRESS	5900 COLLINS AVE. APT. 1207	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	D	Delete
NAME	SANCHEZ, ELIZABETH	
STREET ADDRESS	11111 BISCAYNE BLVD. APT. 1552	
CITY-ST-ZIP	MIAMI FL 33181	
TITLE	D	Delete
NAME	SALAZAR, MORELLA	
STREET ADDRESS	11111 BISCAYNE BLVD. APT. 600	
CITY-ST-ZIP	MIAMI FL 33181	
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 of Ismael P. Vigil
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/03

Date

Daytime Phone #

CR2037 (10/02)