

02-21-2002 90059 009 ****61.25

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

N/C ✓ AM

DOCUMENT # **N03269**
 1. Entity Name

CONSEJO COORDINADOR DE LAS ATRILK...

DO NOT WRITE IN THIS SPACE

824492

2. Principal Place of Business 801 Brickell Bay Dr. Suite, Apt. #, etc. Apt. 861 City & State Miami, FL Zip 33131		3. Mailing Address SAME Suite, Apt. #, etc. SAME City & State SAME Zip SAME		4. FEI Number 59-2424303		Applied For Not Applicable	
Country USA		Country SAME		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

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7. Name and Address of Current Registered Agent

Name: **Nicolas Aguirre**
 Street Address (P.O. Box Number is Not Acceptable): **801 Brickell Bay Drive**
 Apt. 861
 City: **Miami** FL Zip Code: **33131**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS \$61.25 Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Nicolas Aguirre 801 Brickell Bay Drive #861 Miami, FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Henry George 13121 SW 70 Ave Pine Crest, FL 33156	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Arcelia D Battisti 3640 Yatch Club Dr #1601 Aventura, FL 33180	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Eduardo Mejia 230 Park St Miami, FL 33166	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Nicolas Aguirre* **Nicolas Aguirre** 2/11/02 786-777-0030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #