FILED

2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowe

Apr 17, 2001 8:00 am Secretary of State **DOCUMENT # N21471** 1. Entity Name 04-17-2001 90131 004 ****61.25 COUNT OF GALVEZ HISTORICAL SOCIETY, INC. Principal Place of Business Mailing Address 1544 TARRAGONA DRIVE 1544 TARRAGONA DRIVE CORAL GABLES FL 33135 33134 CORAL GABLES FL,33133-642397 33134 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0066321 Not Applicable Zip 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 Street Address (P.O. Box Number is Not Acceptable) O'NAGHTEN, JUAN T 2665 SOUTH BAYSHORE DR STE - 1100 Zip Code **MIAMI FL 33133** 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) 9. Election Campaign Financing FILE NOW: \$5.00 May Be Make Check Payable to Trust Fund Contribution. Department of State **FEE IS \$61.25** Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. DPS TITLE Change Addition CR2E037 (10/00 TITLE Delete NAME FERNANDO GARCIA-CHACON NAME STREET ADDRESS STREET ADDRESS 1544 TARRAGONA DRIVE CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES, FL 33134 CORAL GABLES FL ☐ Addition TITLE D/T Delete TITLE Change LODOVICO, BLANC NAME NAME STREET ADDRESS STREET ADDRESS 4190 KIAORA ST CITY-ST-ZIP CITY-ST-ZIP MIAMI : FL 33133-6350 MIAMI BEACH FL Change ☐ Addition TITLE Delete TITLE NAME RAFAEL MONTORO NAME STREET ADDRESS STREET ADDRESS 610 VALENCIA CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Delete TITLE Change ☐ Addition TITLE NAME GARCIA-CHACON, FERNANDO NAME 1544 TARRAGONA DRIVE STREET ADDRESS STREET ADDRESS 1544 TARRAGONA AVE. CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL CORAL GABLES, FL 33134 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF 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

SIGNATURE: SIGNATURE MOTOR SIGNING OFFICER OF DIRECTOR SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR DAY