

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N29862

1. Entity Name

ASOCIACION ANTIGUOS ALUMNOS Y EMPLEADOS DEL INST

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90032 043 ****61.25

Principal Place of Business

Mailing Address

%JUVENAL E. BLANCO
2616 SW 34 AVE.
MIAMI FL 33133

%JUVENAL E. BLANCO
2616 SW 34 AVE.
MIAMI FL 33133-2730

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

NOT APPLICABLE

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

BLANCO, JUVENAL E.
2616 SW 34 AVE.
MIAMI FL 33133

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
STREET ADDRESS
CITY-ST-ZIP

D ☐ Delete
BLANCO, JUVENAL E
2616 SW 34 AVE.
MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D ☐ Delete
CASTRO, ENRIQUE
1815 FAIRHAVEN PL.
MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D ☐ Delete
ALVAREZ, ELVIRA
3250 NW 99TH ST.
MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D ☐ Delete
CHAO, MARIA
11760 SW 25 TERRA
MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D ☐ Delete
PLUG, MARIA DEL C.
7060 W. 16 AVE.
MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D ☐ Delete
DIZA, MANUEL
10341 SW 50 ST.
MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

02/03/00

(305) 443-0557

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)