

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N32908

1. Entity Name

INTERAMERICAN SOCIETY FOR TROPICAL HORTICULTURE,

Principal Place of Business

11935 OLD CUTLER ROAD
MIAMI FL 33156
US

Mailing Address

11935 OLD CUTLER ROAD
MIAMI FL 33156
US

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

65-0127202

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAMPBELL, DR. RICHARD J
11935 OLD CUTLER ROAD
MIAMI FL 33156

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.

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

TITLE DST
NAME CAMPBELL, RICHARD J DR
STREET ADDRESS 11935 OLD CUTLER ROAD
CITY-ST-ZIP MIAMI FL 33156 ☐ Delete

TITLE P
NAME PAROLDI, GUILLERMO
STREET ADDRESS UNIV. NACIONAL AGR. LA MOLINA,
CITY-ST-ZIP APDO 456 LIMA, PERU ☒ Delete

TITLE V
NAME CASAS-DIAZ, ANDRES
STREET ADDRESS UNIV NACIONAL AGR. LA MOLINA., DEPT. HORT
CITY-ST-ZIP APDO 456 LIMA PE ☒ Delete

TITLE D
NAME CARNE, JONATHAN DR
STREET ADDRESS 18905 S.W. 280 STREET
CITY-ST-ZIP HOMESTEAD FL 33031 ☐ Delete

TITLE D
NAME BALERDI, CARLOS DR
STREET ADDRESS 18711 S.W. 288 STREET
CITY-ST-ZIP HOMESTEAD FL 33030 ☒ Delete

TITLE D
NAME ALMAGUER, GUSTAVO
STREET ADDRESS UNIV. AUTONOMA CHAPINGO
CITY-ST-ZIP CHAPINGO, MEXICO ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SAME ☐ Change ☐ Addition

TITLE P
NAME BUSTAMANTE, JUAN DE DIOS
STREET ADDRESS Apdo Postal 12
CITY-ST-ZIP Zaca tepec, Morelos, MEXICO ☒ Change ☐ Addition

TITLE V
NAME DUARTE, ODILO
STREET ADDRESS Apdo 93
CITY-ST-ZIP TEGULICALPA, HONDURAS ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SAME ☐ Change ☐ Addition

TITLE D
NAME MANGAN, FRANK
STREET ADDRESS BOWDITCH HALL, Univ. of Mass.
CITY-ST-ZIP AMHERST, MA 01003 USA ☒ Change ☐ Addition

TITLE D
NAME DEMERUTIS, CARLOS
STREET ADDRESS P.O. Box 025240
CITY-ST-ZIP MIAMI, FL 33102 USA ☒ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-2001

305 667-1651 Ext 3420

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

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