

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 03, 2000 8:00 am
Secretary of State

08-03-2000 90029 004 ****61.25

DOCUMENT # **N41175**

1. Entity Name

PERUVIAN-AMERICAN CHAMBER OF COMMERCE, INC

Principal Place of Business

Mailing Address

00076338

2. Principal Place of Business

3. Mailing Address

444 BRICKELL AV

444 BRICKELL AV

Suite, Apt. #, etc.
311

Suite, Apt. #, etc.
311

City & State

MIAMI - FL

City & State

MIAMI - FL

4. FEI Number

65-0266513

Applied For

Not Applicable

Zip

33131

Country

USA

Zip

33131

Country

USA

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

Name

ORLANDO LOPEZ

Street Address (P.O. Box Number is Not Acceptable)

444 BRICKELL AV - SUITE 311

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

[Signature]

6-23-00

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 ☐ Delete
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE ☐ Change ☒ Addition
 NAME **P.D.**
 STREET ADDRESS **ORLANDO LOPEZ**
 CITY - ST - ZIP **444 BRICKELL AV - SUITE 311**
MIAMI - FL 33131

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE ☐ Change ☒ Addition
 NAME **V.D.**
 STREET ADDRESS **HERNAN CARRION**
 CITY - ST - ZIP **444 BRICKELL AV - SUITE 311**
MIAMI - FL 33131

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE ☐ Change ☒ Addition
 NAME **T.D.**
 STREET ADDRESS **MARCELO PEREA**
 CITY - ST - ZIP **444 BRICKELL AV - SUITE 311**
MIAMI - FL 33131

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE ☐ Change ☒ Addition
 NAME **S.D.**
 STREET ADDRESS **JOSE DELFINO**
 CITY - ST - ZIP **444 BRICKELL AV - SUITE 311**
MIAMI - FL 33131

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE ☒ Change ☐ Addition
 NAME **V.D.**
 STREET ADDRESS **FERNANDO ALBAREDA**
 CITY - ST - ZIP **444 BRICKELL AV - SUITE 311**
MIAMI - FL 33131

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE ☐ Change ☐ 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]

6-23-00 (305) 375-0885