

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N43018

1. Entity Name

FEDERACION DE CAMARAS LATINAS DE COMERCIO DEL ES

Principal Place of Business

C/O CAMACOL  
1417 WEST FLAGLER STREET  
MIAMI FL 33135

Mailing Address

C/O CAMACOL  
1417 WEST FLAGLER STREET  
MIAMI FL 33135-2208

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

65-0313254

Applied For

Not Applied

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

COSSIO, RAUL A.  
C/O CAMACOL  
1417 WEST FLAGLER STREET  
MIAMI FL 33135

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 PD  
NAME RIERA, GASTON  
STREET ADDRESS 4810 N. CORTEZ AVENUE  
CITY-ST-ZIP TAMPA FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD  
NAME RODRIGUEZ, VICENTE P.  
STREET ADDRESS 60 EAST 3 ST., SUITE 201  
CITY-ST-ZIP HIALEAH FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD  
NAME GIMENEZ, JOSE V.  
STREET ADDRESS 2222 PONCE DE LEON BLVD.  
CITY-ST-ZIP CORAL GABLES FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD  
NAME MARQUINA, JOSE M.,  
STREET ADDRESS 2655 LEJEUNE RD. #1008  
CITY-ST-ZIP CORAL GABLES FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME CASTRO-MOLLEDA, WALDO  
STREET ADDRESS 1417 W. FLAGLER ST.  
CITY-ST-ZIP MIAMI FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 19/00

(305) 642-3870

Date

Daytime Phone #

FILED  
Feb 05, 2000 8:00 am  
Secretary of State

02-05-2000 90029 050 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

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