

2000 UNIFORM BUSINESS REPORT (UBR)

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

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

DOCUMENT # N43018

1. Entity Name

FEDERACION DE CAMARAS LATINAS DE COMERCIO DEL ES

Principal Place of Business

Mailing Address

C/O CAMACOL
 1417 WEST FLAGLER STREET
 MIAMI FL 33135

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

4. FEI Number

65-0313254

Applied For

Not Applied

Zip

Country

Zip

Country

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.

CO01

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	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	RIERA, GASTON	4810 N. CORTEZ AVENUE	TAMPA FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VD	RODRIGUEZ, VICENTE P.	60 EAST 3 ST., SUITE 201	HIALEAH FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
SD	GIMENEZ, JOSE V.	2222 PONCE DE LEON BLVD.	CORAL GABLES FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
TD	MARQUINA, JOSE M.,	2655 LEJEUNE RD.#1008	CORAL GABLES FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	CASTRO-MOLLEDA, WALDO	1417 W.FLAGLER ST.	MIAMI FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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

Jan. 19/00

(305) 642-3870

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #