

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0024263

DOCUMENT # **N43188**

1. Entity Name

CENTRAL AMERICA - U.S. CHAMBER OF COMMERCE, INC



FILED

03 MAY 14 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**2100 SALZEDO ST.
STE 301-B
MIAMI FL 33134
US**

Mailing Address

**2100 SALZEDO ST.
STE 301-B
MIAMI FL 33134
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 **65-0287364**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DE ARMAS, LUIS
201 S BISCAYNE BLVD.
1500 MIAMI CENTER
MIAMI FL 33131**

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, I am familiar with, and accept the obligations of registered agent.

300017915703
05/02/03--01091--034 **\$61.25

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME **PASCUAL, GABRIEL**
STREET ADDRESS **2100 PONCE DE LEON BLVD., #1180**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **TRES. COLIN VEATER** ☐ Change ☒ Addition
NAME **100 S.E. 2ND ST. 30TH FLOOR**
STREET ADDRESS **MIAMI FL 33131**
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **HERNANDEZ, DEBORAH**
STREET ADDRESS **801 BRICKELL AVE., #1090**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **VP. ALFREDO BUNGE** ☐ Change ☒ Addition
NAME **701 BRICKELL AVE #2240**
STREET ADDRESS **MIAMI FL 33131**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **DE LA VEGA, EVELYN**
STREET ADDRESS **PO BOX 590628**
CITY-ST-ZIP **MIAMI FL 33159**

TITLE **V.P. CAMILO CASTELLON** ☐ Change ☒ Addition
NAME **4045 NW 97 AVE**
STREET ADDRESS **MIAMI FL 33178**
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **SPANG, THOMAS**
STREET ADDRESS **801 BRIKCELL AVE**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **SEC CARLA BARROW** ☐ Change ☒ Addition
NAME **2665 SOUTH BAYSHORE DR PH 2B**
STREET ADDRESS **MIAMI, FL 33133**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **MIRANDA, DUNIA**
STREET ADDRESS **1101 BRICKELL AVE. STE. 1003-5A**
CITY-ST-ZIP **MIAMI FL 33131**

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

TITLE **D** ☐ Delete
NAME **BONILLA MATHE, SALVADOR**
STREET ADDRESS **3400 CORAL WAY STE. 700**
CITY-ST-ZIP **MIAMI FL 33134**

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 REQUIRED**

4/28/03 3055699113

CR2E037 (10/02)