

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90099 023 ****61.25

DOCUMENT # N43948

1. Entity Name

THE AMERICAS FOUNDATION, INC.

Principal Place of Business

8245 N BAYSHORE DR
MIAMI FL 33133
US

Mailing Address

8245 N BAYSHORE DR
MIAMI FL 33133
US

2. Principal Place of Business

1115 Massachusetts Ave NW

3. Mailing Address

Suite, Apt. #, etc.

City & State

Washington DC

City & State

Zip

20005

Country

USA

Country

4. FEI Number

65-0348742

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

PINZON, VICTOR M
8245 N BAYSHORE DR
MIAMI FL 33133

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 \$61.259. 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 PD
NAME PINZON, VICTOR M
STREET ADDRESS 8245 N BAYSHORE DR
CITY-ST-ZIP MIAMI FL 33133 ☐ DeleteTITLE SD
NAME BARCELO, LOUIS
STREET ADDRESS 8245 N BAYSHORE DR
CITY-ST-ZIP MIAMI FL 33133 ☐ DeleteTITLE TD
NAME WEAR, NORMAN
STREET ADDRESS 1115 MASSACHUSETTS AVE NW
CITY-ST-ZIP WASHINGTON DC 20005 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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, without other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4/24/01 202-371-9696

CR2E037 (10/00)