2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

FUNE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 31, 2000 8:00 am Secretary of State **DOCUMENT # N45338** 1. Entity Name AMERICAN ASSOCIATION OF SALVADOREAN PROFESSIONAL 05-31-2000 90097 043 ****61.25 Principal Place of Business Mailing Address 11420 SW 35TH LN 11420 SW 35TH LN MIAMI FL 33165-3328 MIAM! FL 33165 บบบบาง 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State **65-0311679**i Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) CHAVEZ, ROBERTO A. 11420 SW 35TH LN **MIAMI FL 33165** Zip Code City 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 9. Election Campaign Financing Make Check Payable to **FILE NOW: \$5.00** May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. CR2E037 (9/99) SI/VA Mulka Addition 🔀 Delete TITLE TITLE SD 17/10 Marek 25/1 5. W. 98 th PL. Miami, Fl. 33/65 Dolores Penny 13601 NW 10th 5th Miami, Fl. 33/82 NAME SANTOS, ANA A NAME STREET ADDRESS STREET ADDRESS 11820 SW 13TH STREET CITY-ST-7IP CITY-ST-ZIP PEMBROKE PINES FL 33026 Delete TITLE TITLE NAME NAME CUELLAR, ENRIQUE STREET ADDRESS STREET ADDRESS 13735 D SW 84TH STREET CITY-ST-ZIP -CITY_ST-ZIP ... MIAMI-FL 33183 TITLE Change Addition □ Detete TITLE TD NAME NAME SANCHEZ, GUILLERMO STREET ADDRESS STREET ADDRESS 9940 SW 223 TERRA CITY-ST-ZIP CITY-ST-ZIP <u>Miami FL 33190</u> Addition ☐ Delete TITLE ☐ Change TITI F NAME NAME CHAVEZ, ROBERTO A. STREET ADDRESS STREET ADDRESS 11420 SW 35 LN CITY-ST-ZIP CITY-ST-7IP MIAMI, FL 33165 ☐ Delete ☐ Change ☐ Addition TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 acquate 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 effect this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

FILED