# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 31, 2000 8:00 am**
**Secretary of State**
05-31-2000 90097 043 ****61.25

DOCUMENT # N45338

1. Entity Name

AMERICAN ASSOCIATION OF SALVADOREAN PROFESSIONAL

| Principal Place of Business | Mailing Address |
|---|---|
| 11420 SW 35TH LN<br>MIAMI FL 33165 | 11420 SW 35TH LN<br>MIAMI FL 33165-3328 |

DO NOT WRITE IN THIS SPACE

| 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 65-0311679 ☐ Applied For ☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

CHAVEZ, ROBERTO A.
11420 SW 35TH LN
MIAMI FL 33165

**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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 | SD<br>SANTOS, ANA A<br>11820 SW 13TH STREET<br>PEMBROKE PINES FL 33026 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Silva Muller<br>2511 S.W. 98th PL.<br>Miami, Fl. 33165 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>CUELLAR, ENRIQUE<br>13735 D SW 84TH STREET<br>MIAMI FL 33183 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Dolores Penny<br>13601 N.W. 10th St.<br>Miami, Fl. 33182 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>SANCHEZ, GUILLERMO<br>9940 SW 223 TERRA<br>MIAMI FL 33190 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>CHAVEZ, ROBERTO A.<br>11420 SW 35 LN<br>MIAMI, FL 33165 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (9/99)

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 05/01/2000 (305) 221-8372
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #