

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**  
 05-13-2002 90069 016 \*\*\*\*61.25

**DOCUMENT # N46904**

1. Entity Name

**AMIGOS DE LAS AMERICAS, INC.**

Principal Place of Business

Mailing Address

**4415 POST AVE  
 MIAMI BEACH FL 33140**

**4415 POST AVE  
 MIAMI BEACH FL 33140**

2. Principal Place of Business

**4437 Post Ave**

3. Mailing Address

**4437 Post Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Miami Beach FL**

City & State

**Miami Beach FL**

Zip

**33140**

Country

**U.S.A.**

Zip

**33140**

Country

**U.S.A.**

4. FEI Number

**65-0306510**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**JIMENEZ, ADOLFO E  
 701 BRICKELL AVE.  
 STE. 3000  
 MIAMI FL 33131**

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 \$61.25**

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

TITLE **D** ☒ Delete  
 NAME **BYRNE, THOMAS E.**  
 STREET ADDRESS **5830 SW 73 ST.**  
 CITY-ST-ZIP **MIAMI FL**

TITLE **PD** ☐ Delete  
 NAME **JIMENEZ, ADOLFO E.**  
 STREET ADDRESS **4415 POST AVENUE**  
 CITY-ST-ZIP **MIAMI BEACH FL**

TITLE **D** ☐ Delete  
 NAME **LORENZO, LORENZO**  
 STREET ADDRESS **4716 ALTON RD**  
 CITY-ST-ZIP **MIAMI FL 33140**

TITLE **TD** ☐ Delete  
 NAME **FALKENBERG, ULRIKE**  
 STREET ADDRESS **4415 POST AVENUE**  
 CITY-ST-ZIP **MIAMI BEACH FL**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **4437 POST AVE**  
 CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **4437 POST AVE**  
 CITY-ST-ZIP

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

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:**

**Ulrike Falkenberg 4-25-02 305.406.5745**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)